Financial Report

06.30.2004

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McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report

Board of Trustees Broadlawns Medical Center Des Moines, Iowa

We have audited the accompanying balance sheet of Broadlawns Medical Center (the Medical Center) as of June 30, 2004, and the related statements of revenue, expenses, and changes in net assets and cash flows for the year then ended. We have also audited the balance sheets of Broadlawns Medical Center Foundation, a discretely presented component unit, as of June 30, 2004 and 2003, and the related combined statements of revenue, expenses, and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Medical Center and Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits. The financial statements of Broadlawns Medical Center as of and for the year ended June 30, 2003 were audited by other auditors whose report, dated October 3, 2003, expressed an unqualified opinion on those statements.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America, Chapter 11 of the Code of lowa, and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. The financial statements of Broadlawns Medical Center Foundation were not audited in accordance with *Government Auditing Standards*. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Broadlawns Medical Center, as of June 30, 2004, and the results of their operations and their cash flows for the year then ended and the financial position of Broadlawns Medical Center Foundation, a discretely presented component unit, as of June 30, 2004 and 2003, and the results of its operations and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report, dated September 2, 2004, on our consideration of the Broadlawns Medical Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, grants, agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

As stated in Note 11, Broadlawns Medical Center adopted Governmental Accounting Standards Board (GASB) Statement No. 39, *Determining Whether Certain Organizations are Component Units*, in 2004.

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The management's discussion and analysis on pages 3 through 11 is not a required part of the basic financial statements, but are supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

Our audits were conducted for the purpose of forming an opinion on the 2004 basic financial statements of the Medical Center and 2004 and 2003 financial statements of the Foundation taken as a whole. The supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. The combining and other supplementary information as of and for the year ended June 30, 2004 of the Medical Center and as of and for the years ended June 30, 2004 and 2003 of the Foundation has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole. The supplementary information for the year ended June 30, 2003 relating to the Medical Center was audited by other auditors whose report, dated October 3, 2003, expressed an unqualified opinion on such information in relation to the basic financial statements taken as a whole.

The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations,* and is not a required part of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

The accompanying Medical Center patient and Medical Center statistical data, as listed in the table of contents, are presented for purposes of additional analysis and are not a required part of the basic financial statements. This information has not been subjected to the auditing procedures applied in our audit of the basic financial statements, and accordingly, we express no opinion on them.

McGladrey of Pullen, LCP

Davenport, Iowa September 2, 2004

Management Discussion and Analysis Years Ended June 30, 2004 and 2003

Introduction

This section of the Broadlawns Medical Center (Medical Center) annual financial report presents management's discussion and analysis of the Medical Center's financial performance during the years ended June 30, 2004 and 2003. The purpose is to provide an objective analysis of the financial activities of the Medical Center based on currently known facts, decisions, and conditions. Please read it in conjunction with the Medical Center's basic financial statements and the notes to the financial statements.

Overview of the Financial Statements

This annual report consists of two parts – management's discussion and analysis and the basic financial statements.

Required Financial Statements

The balance sheet offers short-term and long-term financial information about its activities. The balance sheet includes all of the Medical Center's assets and liabilities and provides information about the nature and amounts of investments in resources (assets) and the obligations to Medical Center creditors (liabilities). It also provides the basis for computing rate of return, evaluating the capital structure of the Medical Center, and assessing the liquidity and financial flexibility of the Medical Center. All of the current year's revenue and expenses are accounted for in the statement of revenue, expenses and changes in net assets. This statement measures the results from the Medical Center's operations over the past year and can be used to determine whether the Medical Center has been able to recover all of its costs through its patient service revenue and other revenue sources. The final required financial statement is the statement of cash flow. The primary purpose of this statement is to provide answers to such questions as, "Where did cash come from?" "What was cash used for?" and "What was the change in cash balance during the reporting period?"

Financial Analysis of the Medical Center

The balance sheet and the statement of revenue, expenses, and changes in net assets, report information about the Medical Center's activities. These two statements report the net assets of the Medical Center and changes in them. Increases or decreases in the Medical Center's net assets are one indication of whether its financial health is improving or deteriorating. However, other nonfinancial factors such as changes in the health care industry, changes in Medicare and Medicaid regulations and changes in managed care contracting should be considered.

Our discussion and analysis of Broadlawns Medical Center's financial performance provides an overview of the Medical Center's financial activities for the fiscal years ended June 30, 2004 and 2003. Fiscal year 2003 was the first year the new financial reporting model was implemented. Therefore, all required comparative information for fiscal year 2002 may not be present, but all comparative information will be presented in subsequent Management Discussion and Analysis. Please read this in conjunction with the financial statements in this report.

Organization

Broadlawns Medical Center is organized under Chapter 347 of the lowa Code, not subject to taxes on income or property. The Medical Center is a county public hospital and receives tax support from the property tax levy. A seven member elected Board of Trustees has the responsibility for overseeing Medical Center operations.

Management Discussion and Analysis Years Ended June 30, 2004 and 2003

Broadlawns Medical Center Foundation (Foundation) is a legally separate, tax exempt, discretely presented component unit of Broadlawns Medical Center. The Foundation was formed to among other things, raise funds for the general welfare, maintenance, and improvement of the Medical Center. The Board of the Foundation is self-perpetuating and consists of citizens of Polk County. Although the Medical Center does not control the timing or amount of receipts from the Foundation, the majority of resources, or income thereon, that the Foundation holds are contributed to the Medical Center. Because these resources held by the Foundation have historically been for the benefit of the Medical Center, the Foundation is considered a component unit of the Medical Center and is discretely presented in the Medical Center's financial statements. Complete financial statements for the Foundation can be obtained from Gary Uhl, the Vice President of Financial Services, Broadlawns Medical Center, 1801 Hickman Road, Des Moines, Iowa 50314.

Financial Highlights

- During the year the Medical Center increased its net assets by \$1,925,839, which is a \$3,840,360 turn around from last fiscal year, which ended with a decrease in net assets of (\$1,914,521).
- Total operating expenses for the current fiscal year ended were \$119,248 less than last fiscal year.
- Net operating revenue for the year was \$36,020,012, which is an increase of \$861,366.
- Net nonoperating revenue, which includes the property tax levy, increased \$2,859,746. Increase in the property tax levy accounted for \$2,774,630 of the total increase in net nonoperating revenue.
- During the fiscal year the Medical Center made capital investments totaling \$2,058,711. Capital investments did not exceed depreciation and amortization expense of \$2,889,657. The following is a list of significant purchases and improvements:

Capital Investments	<u>Vendor</u>	<u>Department</u>	2004 Cost
Lapro System	Dade Behring	Laboratory	\$ 63,406
IV Pumps	Sigma	Clinical Services	214,530
Infrastructure	Vital Support/Baker Electric	Sands Wing	306,606
Electrical Upgrade	Baker Electric	Sands Wing	541,588
Kronos Time and Attendance	Kronos	Information Technology Services	146,269
Fluoroscopy	GE Medical	Radiology	271,330

The source of funding of these projects is derived from operations and unspent funds from general obligation bonds whose uses are limited by bond indentures.

Net Assets

Total current assets are \$61,540,735, which is \$4,148,238 greater than last year. The difference is due to an increase in succeeding year's county property tax levy receivable of \$3,121,676, and in the amount due from third-party payors of \$945,010. Net capital assets at June 30, 2004 are \$21,271,173, which is \$798,859 less than last fiscal year.

Management Discussion and Analysis Years Ended June 30, 2004 and 2003

Total current liabilities of \$51,438,153 are \$654,520 less than last fiscal year. The difference is due to an increase in deferred revenue for succeeding year county property tax revenue of \$3,121,676 and a decrease in accrued claims of our self-insured plans of \$2,027,402 and a decrease of \$1,168,545 in accrued payroll and payroll taxes. Long-term liabilities of \$9,584,306 are \$588,186 less than last fiscal year. The decrease is due to principal payments, debt and capital leases which reduced the long-term portion of debt by \$1,242,346. Net assets total \$24,491,825, which is \$1,925,839 more than last fiscal year.

A summary of the Medical Center's balance sheet is presented in Table 1 below:

Table 1

	June 30,							
Condensed Balance Sheet		2004	2003	Increase				
Condensed Balance Sheet		2004		2003		(Decrease)		
Total current assets	\$	61,540,735	\$	57,392,497	\$	4,148,238		
Capital assets, net		21,271,173		22,070,032		(798,859)		
Other assets, including board-designated				, ,		, ,		
investments		2,710,463		5,376,709		(2,666,246)		
Total assets	\$	85,522,371	\$	84,839,238	\$	683,133		
Current liabilities	\$	51,438,153	\$	52,092,673	\$	(654,520)		
Long-term debt outstanding and other								
long-term liabilities		9,584,306		10,172,492		(588,186)		
Total liabilities		61,022,459		62,265,165		(1,242,706)		
Invested in capital assets, net of related debt		12,624,632		13,130,441		(505,809)		
Restricted net assets		1,254,362		2,921,788		(1,667,426)		
Unrestricted net assets		10,620,918		6,521,844		4,099,074		
Total net assets		24,499,912		22,574,073		1,925,839		
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Total liabilities and net assets	\$	85,522,371	\$	84,839,238	\$	683,133		

Management Discussion and Analysis Years Ended June 30, 2004 and 2003

Summary of Revenue, Expenses, and Changes in Net Assets

The following table presents a summary of the Medical Center's revenue, expenses and changes in net assets for the fiscal years ended June 30, 2004 and 2003. Net patient revenue is \$30,918,009, which is \$1,538,816 more than last fiscal year. The increase is due to a 3.7% increase in outpatient visits and improved collection efforts up front. Grants and contract revenue is \$2,894,818, which is \$654,531 less than last fiscal year. The decrease is mainly due to the discontinued relationship with Primary Health Care, Inc. on October 1, 2002. Salaries increased \$615,044 or 1.8% and fringe benefits decreased \$2,962,491 mainly due to reduction in liabilities in our self-insured trust funds for health insurance. Supplies and other expenses are \$24,323,079, which is \$2,327,614 more than last fiscal year. The increase is mainly due to an increase in pharmacy costs of \$1,079,815 and \$548,556 in operation of plant costs. The Medical Center purchased an insurance policy to cover the maintenance and repairs of specific equipment with the expense being charged to operation of plant. Property taxes totaled \$39,318,842, which is \$2,774,630 more than last fiscal year. Property taxes for improvement and maintenance are fixed at a rate set by the legislature and at costs for specific levies.

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	Year Ended June 30,								
						Increase			
Revenue, Expenses, and Changes in Net Assets		2004		2003		(Decrease)			
Revenue:									
Net patient service revenue	\$	30,918,009	\$	29,379,193	\$	1,538,816			
Grants and contracts		2,894,818		3,549,349		(654,531)			
Other		2,207,185		2,230,104		(22,919)			
Total operating revenue		36,020,012		35,158,646		861,366			
Expenses:									
Salaries and employee benefits		42,786,915		45,134,362		(2,347,447)			
Supplies and other expenses		24,323,079		21,995,465		2,327,614			
Physician fees and outside services		3,379,448		3,444,984		(65,536)			
Depreciation		2,889,657		2,923,536		(33,879)			
Operating expenses		73,379,099		73,498,347		(119,248)			
Operating loss		(37,359,087)		(38,339,701)		980,614			
Nonoperating revenue, net		39,284,926		36,425,180		2,859,746			
Increase (decrease) in net assets	\$	1,925,839	\$	(1,914,521)	\$	3,840,360			

Patient and Medical Center Statistical Data

Admissions of 4,567 patients for the current fiscal year are 497 less than last fiscal year. Average length of stay for acute patients is 3.2 days, which is .1 day more than last fiscal year. Average length of stay for mental health patients is 6.0 days, which is .8 days more than last fiscal year. The combined decrease in admissions and increase in length of stay results in a decrease in patient days of 494 days to 18,099 days for the fiscal year ended June 30, 2004.

Management Discussion and Analysis Years Ended June 30, 2004 and 2003

The outpatient visits for the fiscal year ended June 30, 2004 are 166,874, which is 5,834 more than last fiscal year. The increase is primarily in Mental Health Services, which accounts for 4,522 of the increased visits, and in the Walkin Clinic and Doctors Health Clinic, which accounts for 1,598 of the increased visits.

Table 3

<u></u>	Year Ended June 30,							
Patient and Medical Center Statistical Data	2004	2003	Increase (Decrease)					
Total patient days	18,099	18,593	(494)					
Admissions	4,567	5,064	(497)					
Discharges	4,546	5,067	(521)					
Average length of stay (Days):								
Acute	3.2	3.1	0					
Mental health	6.0	5.2	1					
Outpatient visits:								
Mental health	41,119	36,597	4,522					
Walk-in Clinic and Doctors Health Clinic	35,139	33,541	1,598					
Emergency room and urgent care room	27,724	27,459	265					
Specialty Clinic	23,010	22,186	824					
Outpatient Clinic	17,384	19,305	(1,921)					
Dental clinics	8,576	7,551	1,025					
OB Clinic and Family Planning	6,774	6,530	244					
Chemical dependency	3,891	4,701	(810)					
Homeless outreach	3,257	3,170	87					
Total outpatient visits	166,874	161,040	5,834					

Management Discussion and Analysis Years Ended June 30, 2004 and 2003

Sources of Revenue

Net Patient Revenue

The Medical Center is the safety net for the indigent uninsured and underinsured of Polk County and is dependent on two major sources of revenue, net patient revenue and property taxes. During the fiscal year 2004 the Medical Center recorded \$30,918,009 in net patient revenue representing 39.7% of total revenue. The \$30,918,009 in net patient revenue represents 36.7% of gross patient charges compared to 38.6% last fiscal year. The majority of net patient revenue is paid by Medicare, Medicaid, and third-party payors based upon established contracts. The difference between the covered charges and the established contract is recognized as a contractual allowance. Any patient falling under 200% of the federal poverty guidelines without a third-party payor is considered indigent and eligible for charity care.

Table 4 presents the relative percentage of gross charges billed for patient services by payor for the last two fiscal years. There was no material change in the payor mix between the fiscal year ended June 30, 2004 and the fiscal year ended June 30, 2003.

Table 4

		ear Ended June 3	30,
Payor Mix by Percentages	2004	2003	Increase (Decrease)
Medicare	14%	12%	2%
Medicaid	22	24	(2)
Third-party payors	8	5	3
Polk County Health Services, Inc.	3	4	(1)
Wellmark	2	2	-
Self pay, including charity care and bad debts	51	53	(2)
Total	100%	100%	=

Management Discussion and Analysis Years Ended June 30, 2004 and 2003

Deductions from revenue consist of charity care totaling \$27,285,255, contractual adjustments totaling \$14,021,784, and bad debts totaling \$12,115,011. Table 5 presents the percentages of charity care, contractual adjustments, bad debts, and net patient revenue as compared to gross patient charges for the years ended June 30, 2004 and 2003. As a percentage of gross patient charges, charity care decreased 0.7%, contractual adjustments increase 2.8%, and bad debts decreased 0.1%, resulting in a decrease of 2.0% net patient revenue as compared to gross patient charges.

Table 5

	Year Ended June 30,								
						Net Dollar	_		
						Increase	Increase		
Net Patient Revenue		2004		2003		(Decrease)	(Decrease)		
Gross patient revenue	\$	84,340,059	\$	76,200,914	\$	8,139,145	10.7%		
Charity care		(27,285,255)		(25,196,794)		(2,088,461)	8.3		
Contractual adjustments		(14,021,784)		(10,548,305)		(3,473,479)	32.7		
Bad debt		(12,115,011)		(11,076,622)		(1,038,389)	9.4		
Net patient revenue	\$	30,918,009	\$	29,379,193	\$	1,538,816	5.0%		

Grant/Contract Revenue

Grant and contract revenue for the year ended June 30, 2004 totaled \$1,326,137 and \$1,568,681, respectively, for a total of \$2,894,818, which represents 3.7% of total revenue compared to a total of \$3,549,349 in 2003. On October 1, 2002, Primary Health Care, Inc. ceased operating on campus. Primary Health Care Inc. was grantee of several grants that are no longer reflected on the Medical Center's books from that date forward.

Other Revenue

Other revenue consists of cafeteria revenue, sale of supplies, and services provided to other entities. Other revenue totals \$2,207,185, which represents 2.8% of total revenue.

Tax Receipts

Broadlawns Medical Center has the taxing authority under the Code of Iowa to support its operations. For the year ended June 30, 2004, the Medical Center's tax receipts totaled \$39,318,842, which was an increase of \$2,774,630 or 7.6% increase from the prior year. The tax receipts represented 50.5% of total revenue. Distribution of the Iowa personal property taxes was discontinued after 2003.

Anticipated tax receipts for the next fiscal year 2005 is \$42,311,359. Included in the certified levy for 2005 is an emergency levy for \$3,213,179, which is restricted to replacement of the Medical Center's financial, patient accounting and clinical computer systems. Evaluation, selection, and implementation of the new computer system will cover the next two fiscal years.

Management Discussion and Analysis Years Ended June 30, 2004 and 2003

Table 6

Tax Receipts	2004			ceipts 2004 2003			Increase 2004 2003 (Decrease)				evied Taxes une 30, 2005
Improvement and maintenance	\$	26,328,611	\$	25,004,638	\$	1,323,973	\$	26,631,425			
FICA Fund		2,621,816		2,416,668		205,148		2,378,381			
IPERS Fund		1,861,111		1,811,312		49,799		1,941,626			
Unemployment Fund		54,713		26,469		28,244		84,311			
Tort (Insurance) Fund		8,452,591		7,285,125		1,167,466		8,062,437			
Emergency Tax Levy		-		-		-		3,213,179			
Total taxes	\$	39,318,842	\$	36,544,212	\$	2,774,630	\$	42,311,359			

Capital Assets

<u>June 30, 2004</u>: As of June 30, 2004 the Medical Center had \$21,271,173 invested in capital assets. Capital expenditures in 2004 were approximately \$830,946 less than 2004 depreciation expense, resulting in a reduction of capital assets from 2003 to 2004.

<u>June 30, 2003</u>: As of June 30, 2003 the Medical Center had \$22,070,032 invested in capital assets. This represented a decrease in comparison to June 30, 2002.

Table 7

	June 30,								
		2004		2003		Increase (Decrease)			
Capital assets not being depreciated:									
Land	\$	58,276	\$	58,276	\$	-			
Construction in progress		276,052		568,008		(291,956)			
Capital assets net of depreciation:									
Land improvements		2,021,580		2,182,926		(161,346)			
Buildings		7,267,711		7,761,389		(493,678)			
Building equipment		7,222,189		6,639,162		583,027			
Fixed equipment		50,241		58,317		(8,076)			
Vans		162,905		47,395		115,510			
Major movable equipment		3,969,335		4,664,872		(695,537)			
Equipment under capital lease		242,884		89,687		153,197			
Total capital assets, net	\$	21,271,173	\$	22,070,032	\$	(798,859)			

Management Discussion and Analysis Years Ended June 30, 2004 and 2003

Long-Term Debt

Long-term debt consists of general obligation capital loan notes, general obligation bonds, and capital lease obligations described in more detail in the Notes to the Basic Financial Statements. The principal balance on the outstanding obligations was \$8,966,890 as of June 30, 2004 and \$10,210,811 as of June 30, 2003. The decreases are attributable to the bond principal payments offset by new debt and a new capital lease in 2004.

Fiscal Year 2005 Outlook

The Board of Trustees has approved and set the budget for the 2005 fiscal year. The budget projects a net operating income of \$1,553,000 and non-operating income of \$3,356,000. The non-operating income is due to the emergency fund tax levy, which is restricted to purchasing a new computer system, and cannot be used for operations.

The Medical Center has recently been notified that its grant application through the Department of Human and Health Resources and Service Administration (HRSA) for the design of an expansion to the emergency room and registration area has been accepted and awarded in the amount of \$984,159. A second HRSA grant application for year two in the amount of \$8,000,000 has been submitted and is awaiting federal legislation action in early 2005. The Medical Center's grant team is in the process of submitting a third year HRSA Grant application within the next two months.

The Medical Center has filed for additional disportionate share reimbursement from Medicare under a special regulation known as the "Pickle Amendment." This legislation provides additional reimbursement to hospitals with a higher percentage of indigent patients.

During the current fiscal year a union organized registered nurses at the Medical Center into a bargaining unit. An election was won by the union, but is being challenged in court by the Medical Center.

Contacting the Medical Center's Financial Management

The financial report provides the citizens of Polk County, our patients, bondholders, and creditors with a general overview of the Medical Center's finances and operations. If you have any questions about this report, please contact Gary Uhl, Vice President of Financial Services, Broadlawns Medical Center, 1801 Hickman Road, Des Moines, Iowa 50314.

Balance Sheets June 30, 2004 and 2003

	Medical Center				Component Unit (Foundation				
Assets		2004		2003		2004		2003	
Current Assets:									
Cash and cash equivalents (Note 3)	\$	2,431,625	\$	2,293,824	\$	140,386	\$	98,316	
Assets limited as to use or restricted, required for									
current liabilities (Notes 3 and 4)		3,908,838		3,283,553		-		-	
Receivables:									
Patient, less estimated allowances for uncollectibles									
2004 \$3,207,185; 2003 \$2,432,000 (Note 6)		9,887,176		10,477,503		-		-	
Property taxes		395,801		408,876		-		-	
Succeeding year property taxes		42,311,359		39,189,683		-		-	
Federal grants		220,953		343,652		-		-	
Nonfederal grants		177,861		46,603		-		-	
Other		114,360		398,922		25,511		-	
Due from third-party payors		1,091,378		146,368		-		-	
Inventories		384,089		395,625		-		-	
Prepaid expenses and other assets		617,295		407,888		-		-	
Total current assets		61,540,735		57,392,497		165,897		98,316	
Noncurrent Assets: Assets limited as to use or restricted (Notes 3 and 4): Cash and cash equivalents Investments Funds on deposit	_	580,092 1,716,898 93,124 2,390,114		2,646,934 2,428,434 29,659 5,105,027				- - - -	
Capital assets, net (Note 5)		21,271,173		22,070,032		6,773		-	
Other assets		320,349		271,682		-		-	
Total noncurrent assets		23,981,636		27,446,741		6,773		-	
	\$	85,522,371	\$	84,839,238	\$	172,670	\$	98,316	

See Notes to Basic Financial Statements.

		Medica	al Ce	nter	Component Unit (Foundation)				
Liabilities and Net Assets		2004	2003		2004			2003	
Current Liabilities:									
Current maturities of long-term debt (Note 6) Current maturities of capital lease obligations	\$	930,000	\$	976,116	\$	-	\$	-	
(Note 6)		511,295		466,754		-		-	
Accounts payable and other accrued expenses		2,562,097		3,140,771		356,514		256,229	
Accrued employee compensation and payroll taxes Current portion of accrued claims on self-insurance		3,689,586		4,858,131		1,065		4,799	
(Note 8)		1,433,816		3,461,218		-		-	
Deferred revenue for succeeding year property taxes		42,311,359		39,189,683		-		-	
Total current liabilities		51,438,153		52,092,673		357,579		261,028	
Noncurrent Liabilities:									
Accrued claims on self-insurance, less current									
portion (Note 8)		2,058,711		1,404,551		-		-	
Long-term debt, less current maturities (Note 6)		4,102,478		5,044,169		-		-	
Long-term capital lease obligations, less									
current maturities (Note 6)		3,423,117		3,723,772		•		-	
Total noncurrent liabilities		9,584,306		10,172,492		•			
Total liabilities		61,022,459		62,265,165		357,579		261,028	
Commitments and Contingencies (Notes 5 and 8)									
Net Assets:									
Invested in capital assets, net of related debt Restricted:		12,624,632		13,130,441		-		-	
For debt service		614,076		623,269		-		-	
For capital acquisitions		559,752		2,213,739		-		-	
For specific activities		80,534		84,780		169,219		100,225	
Unrestricted		10,620,918		6,521,844		(354,128)		(262,937)	
Total net assets		24,499,912		22,574,073		(184,909)		(162,712)	
	\$	85,522,371	\$	84,839,238	\$	172,670	\$	98,316	

Broadlawns Medical Center

Statements of Revenue, Expenses, and Changes in Net Assets
Years Ended June 30, 2004 and 2003

	Medical Center				component Unit (Foundation)				
		2004		2003	2004		2003		
Operating revenue:									
Net patient service revenue, net of provision for									
bad debts 2004 \$12,115,011; 2003 \$11,076,622									
(Note 2)	\$	30,918,009	\$	29,379,193	\$ -	\$	-		
Contracts		1,326,137		1,776,643	-		-		
Operating grants		1,568,681		1,772,706	-		-		
Other		2,207,185		2,230,104	205,887		120,323		
Total operating revenue		36,020,012		35,158,646	205,887		120,323		
Operating expenses:									
Salaries and wages		35,676,587		35,061,543	74,510		111,976		
Employee benefits		7,110,328		10,072,819	4,152		10,142		
Physician fees and outside services		3,379,448		3,444,984	-		-		
Supplies and other expenses		24,323,079		21,995,465	31,651		43,090		
Depreciation and amortization		2,889,657		2,923,536	700		-		
Total operating expenses		73,379,099		73,498,347	111,013		165,208		
Operating income (loss)		(37,359,087)		(38,339,701)	94,874		(44,885)		
Nonoperating revenue (expense):									
Property taxes		39,318,842		36,544,212	-		-		
State appropriations		312,000		312,198	-		-		
Noncapital grants and contributions		9,020		21,774	(117,129)		(69,145)		
Investment earnings		66,587		174,960	58		80		
Interest expense		(563,517)		(631,791)	-		-		
Capital grants and contributions		99,997		42,746	-		-		
Other, net		41,997		(38,919)	-		-		
Total nonoperating revenue									
(expense), net		39,284,926		36,425,180	(117,071)		(69,065)		
Change in net assets		1,925,839		(1,914,521)	(22,197)		(113,950)		
Net assets:									
Beginning		22,574,073		24,488,594	 (162,712)		(48,762)		
Ending	\$	24,499,912	\$	22,574,073	\$ (184,909)	\$	(162,712)		

See Notes to Basic Financial Statements.

Statements of Cash Flows Years Ended June 30, 2004 and 2003

	Medical Center					Component Unit (Foundation)				
		2004		2003		2004	2003			
Cash Flows from Operating Activities:										
Receipts from and on behalf of patients	\$	33,458,144	\$	34,220,463	\$	- \$	-			
Payments to suppliers and contractors		(29,684,770)		(26,626,616)		68,633	115,785			
Payments to employees		(43,955,460)		(44,645,249)		(82,395)	(123,977)			
Other receipts and payments, net		2,234,890		2,230,104		180,376	120,323			
Net cash provided by (used in)										
operating activities		(37,947,196)		(34,821,298)		166,614	112,131			
Cash Flows from Noncapital Financing Activities:										
Property taxes		39,331,917		36,447,934		-	-			
State appropriations		312,000		312,198		-	-			
Noncapital grants and contributions		96,285		21,774		(117,129)	(69,145)			
Interest paid on noncapital financing		(64,754)		(99,045)		-	-			
Proceeds from issuing anticipatory warrants		11,161,500		11,398,000		-	_			
Repayments of anticipatory warrants		(11,161,500)		(11,398,000)		-	_			
Other		41,997		72,057		-	-			
Net cash provided by (used in)										
noncapital financing activities		39,717,445		36,754,918		(117,129)	(69,145)			
Cash Flows from Capital and Related Financing Activities:										
Capital grants and contributions		12,732		42,746		-	-			
Property taxes restricted to capital acquisitions		-		35,898		-	_			
Issuance of long-term debt		1,451,746		-		-	-			
Principal paid on long-term debt		(2,923,199)		(1,554,002)		-	_			
Interest paid on long-term debt		(498,763)		(535,633)		-	-			
Purchase of capital assets		(1,831,179)		(1,886,909)		(7,473)	_			
Proceeds from sale of capital assets		-		8,850		-	-			
Net cash (used in) capital and related				•						
financing activities		(3,788,663)		(3,889,050)		(7,473)	-			
Cash Flows from Investing Activities:										
Investment income		66,587		174,960		58	80			
Purchase of investments		(2,058,555)		-		(529)	(1,377)			
Proceeds from investments		2,770,091		1,869,165		. ,	-			
Net cash provided by (used in)										
investing activities		778,123		2,044,125		(471)	(1,297)			
Net increase (decrease) in cash and										
cash equivalents		(1,240,291)		88,695		41,541	41,689			
Cash and cash equivalents:										
Beginning		8,253,970		8,165,275		96,939	55,250			
Ending	\$	7,013,679	\$	8,253,970	\$	138,480 \$	96,939			

(Continued)

Broadlawns Medical Center

Statements of Cash Flows (Continued) Years Ended June 30, 2004 and 2003

	Medical Center			(Component Unit (Foundation)				
		2004		2003		2004		2003	
Reconciliation of Cash and Cash Equivalents to the									
Statement of Net Assets:									
Cash and cash equivalents in current assets	\$	2,431,625	\$	2,293,824	\$	138,480	\$	96,939	
Assets limited as to use or restricted, required for									
current liabilities		3,908,838		3,283,553		-		-	
Assets limited as to use or restricted		580,092		2,646,934		-		-	
Funds on deposit		93,124		29,659		-		-	
Total cash and cash equivalents	\$	7,013,679	\$	8,253,970	\$	138,480	\$	96,939	
Reconciliation of Operating Income (Loss) to Net Cash									
Provided by (Used in) Operating Activities:									
Operating income (loss)	\$	(37,359,087)	\$	(38, 339, 701)	\$	94,874	\$	(44,885)	
Adjustments to reconcile operating income (loss) to net									
cash provided by (used in) operating activities:									
Depreciation and amortization		2,889,657		2,923,536		700		-	
Loss on disposal of capital asset		27,705		-		-		-	
Changes in assets and liabilities:									
Patient receivables		590,327		(201,750)		-		-	
Grants receivable		(8,559)		662,913		-		-	
Inventories, prepaid expenses and other assets, and									
other receivables		86,691		(332,637)		(25,511)		-	
Other assets		(108,459)		53,910		-		-	
Due from third-party payors		(945,010)		937,873		-		-	
Accounts payable and accrued expenses		(3,120,461)		(525,442)		96,551		157,016	
Net cash provided by (used in)									
operating activities	\$	(37,947,196)	\$	(34,821,298)	\$	166,614	\$	112,131	
Noncash Capital and Related Financing Activities, capital									
assets purchased through capital leases	\$	227,532	\$	_	\$	-	\$	-	

See Notes to Basic Financial Statements.

Notes to Basic Financial Statements

Note 1. Nature of Business and Significant Accounting Policies

Nature of Business:

Broadlawns Medical Center (the Medical Center) is a county public hospital created in 1917 and organized under the provisions of Chapter 347 of the Code of Iowa. As a county public hospital, the Medical Center is a political subdivision of the State of Iowa. The Medical Center is controlled by a seven-member Board of Trustees elected from qualified residents of Polk County, Iowa, for terms of six years. The Board of Trustees has all the power and duties granted to it by the General Assembly of Iowa.

The Medical Center provides primary and secondary health care services through the operation of an acute care hospital, various clinics, and other comprehensive health care programs. Patients are primarily from Polk County, lowa. Care is provided to any resident of Polk County, lowa, including those lacking adequate financial resources.

Broadlawns Medical Center Foundation (Foundation) is a legally separate, tax exempt, discretely presented component unit of Broadlawns Medical Center. The Foundation was formed to, among other things, raise funds for the general welfare, maintenance, and improvement of the Medical Center. The Board of the Foundation is self-perpetuating and consists of citizens of Polk County. Although the Medical Center does not control the timing or amount of receipts from the Foundation, the majority of resources, or income thereon, that the Foundation holds are contributed to the Medical Center. Because these resources held by the Foundation have historically been for the benefit of the Medical Center, the Foundation is considered a component unit of the Medical Center and is discretely presented in the Medical Center's financial statements.

Significant accounting policies:

<u>Basis of presentation</u>: The financial statements include all funds of the above mentioned entities. The Medical Center does not have any other component units, agencies, or organizations for which it is financially accountable under criteria set forth by the Governmental Accounting Standards Board (GASB), other than the Foundation which is discretely presented in these financial statements.

Accounting standards: The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America applicable to health care proprietary funds of governmental organizations, including all relevant pronouncements of the Financial Accounting Standards Board issued on or before November 30, 1989 that do not conflict with GASB pronouncements. Accordingly, the accounting policies conform with the Audit and Accounting Guide, Health Care Organizations, as it relates to governmental organizations.

<u>Accounting estimates</u>: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Accrual basis of accounting: The accrual basis of accounting is used by the Medical Center and Foundation. Under the accrual basis of accounting, revenue is recognized when earned and expenses are recognized when the liability has been incurred.

Notes to Basic Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

<u>Cash and cash equivalents</u>: Cash and cash equivalents include temporary cash investments whose use is not limited or restricted. The temporary cash investments have original maturities of three months or less at date of issuance. Certain temporary investments internally designated as long-tem investments are excluded from cash and cash equivalents.

<u>Patient receivables</u>: Patient receivables, where a third-party payor is responsible for paying the amount, are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided to third-party payors.

Patient receivables due directly from the patients, net of any third-party payor responsibility, are carried at the original charge for the service provided less an estimated allowance for doubtful accounts. Management determines the allowance for doubtful accounts by identifying troubled accounts and by historical experience applied to an aging of accounts. The Medical Center does not charge interest on patient receivables. Patient receivables are written off as bad debt expense when deemed uncollectible. Recoveries of receivables previously written off are recorded as a reduction of bad debt expense when received. Provision for bad debts was \$12,115,011 and \$11,076,622 for the years ended June 30, 2004 and 2003, respectively.

Receivables or payables related to estimated settlements on various risk contracts that the Medical Center participates in are reported as estimated third-party payor receivables or payables.

<u>Inventories</u>: Inventories are stated at lower of cost or market, with cost determined using the first-in, first-out, or average cost method. Inventories are recorded as an expenditure at the time of consumption.

County tax levy receivable/succeeding year county tax levy receivable: The county tax levy is recognized as a receivable on the levy or lien date, which is the date that the tax asking is certified by the County Board of Supervisors and is thereby an enforceable legal claim. County tax levy receivable represents unpaid taxes for the 2004 fiscal year. The succeeding year county tax levy receivable represents taxes certified by the Board of Supervisors to be collected in the 2005 fiscal year for the purposes set out in the budget for the next fiscal year. By statute, the Board of Trustees is required to certify the budget in March of each year for the subsequent fiscal year. However, by statute, the tax asking and budget certification for the following fiscal year becomes effective on the first day of that year. Although the succeeding year county tax levy receivable has been recorded, the related revenue is deferred and will not be recognized as revenue until the year for which it is levied.

<u>Investments</u>: Assets limited as to use or restricted and investments are recorded at fair value. Interest-bearing investments are intended to be held until maturity. Donated investments are reported at fair value at date of receipt, which becomes the asset cost. Realized gains or losses are determined based on the specific-identification method.

<u>Capital assets</u>: Capital assets are carried at cost or, if donated, at fair value at date of donation. Depreciation is computed by the straight-line method over the assets' estimated useful lives ranging from three to forty years. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets and is depreciated over the estimated useful lives of the constructed assets. There was no interest capitalized on construction during the years ended June 30, 2004 and 2003.

Notes to Basic Financial Statements

Note 1. Organization and Significant Accounting Policies (Continued)

<u>Net patient service revenue</u>: Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Net patient service revenue is reported net of provision for bad debts.

Operating income: The Medical Center distinguishes operating revenue and expenses from nonoperating items. Operating revenue and expenses generally result from the primary purpose of the Medical Center, which is to provide medical services to the region. Other operating revenue consists of revenue from grants, contracts, cafeteria sales, and other miscellaneous services. Operating expenses consist of salaries and wages, employee benefits, physician fees and outside services, depreciation and amortization, interest and supplies, and other. All revenue and expenses not meeting these criteria are considered nonoperating.

For the Foundation, operating revenue and expenses generally result from operations of the Foundation. Other operating revenue consists of contributions received. Operating expenses consist of salaries and wages, employee benefits, depreciation, supplies, and other. All revenue and expenses not meeting these criteria are considered nonoperating.

Net assets: Net assets are classified in three components.

- Invested in capital assets net of related debt this component of net assets consists of capital assets net of
 accumulated depreciation and amortization and reduced by the current balances of any outstanding
 borrowings used to finance the purchase or construction of those assets.
- Restricted this component of net assets consists of constraints placed on net assets through external
 constraints that must be used for a particular purpose, as specified by creditors, grantors, or contributors
 external to the Organization, including amounts deposited as required by debt agreements.
- Unrestricted net assets this component of net assets consists of net assets that do not meet the definition
 of "invested in capital assets, net of related debt" or "restricted", above.

<u>Tax revenue</u>: Tax revenue, generated from property taxes, is recognized in revenue during the year for which it is levied. The Medical Center may receive tax support for maintenance and operations, certain payroll and other expenses, and property and equipment improvements and replacements, subject to specified limits.

<u>Charity care</u>: The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. Charity care rendered by the Medical Center, at established rates, totaled \$27,285,255 and \$25,196,794 for the years ended June 30, 2004 and 2003, respectively.

Income taxes: The Medical Center and Foundation are organizations described in Section 501(c)(3) of the Internal Revenue Code (the Code) and, therefore, are exempt from federal taxes on related income pursuant to Section 501(a) of the Code.

<u>Reclassifications</u>: Certain items on the basic financial statements as of and for the year ended June 30, 2003 have been reclassified to be consistent with current year presentation. The reclassifications did not effect changes in net assets.

Notes to Basic Financial Statements

Note 2. Net Patient Service Revenue

As a provider of health care services, the Medical Center generally grants credit to patients without requiring collateral or other securities; however, it routinely obtains assignments of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies that are considered third-party payors.

A significant portion of net patient service revenue relates to patients covered by Medicare, Medicaid, Wellmark, Polk County Health Services, Inc. (PCHS), and other reimbursement agreements. Patient revenue is recorded at the Medical Center's established rates when patient services are performed.

Reimbursement by third-party payor programs under the provisions of case payment and cost reimbursement programs in effect generally result in amounts received being less than the established billing rates of the Medical Center. Amounts due from and to third-party payors represent settlement amounts due from and to Medicare and other programs based upon the application of reimbursement formulas, applicable law, regulations, and program instructions.

A reconciliation of gross patient service revenue to net patient service revenue for the years ended June 30, 2004 and 2003 is as follows:

	2004 2003			2003
Gross patient service revenue:				
Inpatient	\$	35,181,952	\$	34,552,913
Outpatient		49,158,107		41,648,001
		84,340,059		76,200,914
Less charity care		27,285,255		25,196,794
Gross patient service revenue		57,054,804		51,004,120
Less provisions for bad debts		12,115,011		11,076,622
Less contractual and other adjustments:				
Employee discounts		104,630		145,030
Contractual adjustments under third-party reimbursement programs:				
Medicare		1,131,287		662,090
Medicaid		5,700,813		3,912,149
Magellan		2,020,441		1,626,745
Heritage		241,676		672,552
Wellmark		444,745		401,083
PCHS		1,065,655		811,238
United Healthcare		436,051		271,127
Other		2,876,486		2,046,291
		14,021,784		10,548,305
Net patient service revenue	\$	30,918,009	\$	29,379,193

Notes to Basic Financial Statements

Note 3. Cash and Investments

The Medical Center and Foundation are authorized by statute to invest public funds in obligations of the U.S. government and its agencies and instrumentalities, certificates of deposit or other evidences of deposit at federally insured depository institutions approved by the Board of Trustees and the Treasurer of the State of Iowa, prime eligible banker's acceptances, certain high-rated commercial paper, perfected repurchase agreements, certain registered open-end management investment companies, and certain joint investment trusts.

As of June 30, 2004, the carrying amount of the Medical Center's deposits totaled \$6,732,057 (excluding \$4,222 of petty cash) with bank balances of \$7,140,110, all of which were entirely covered by either federal depository insurance or by the State Sinking Fund, in accordance with Chapter 12C of the Code of Iowa. This chapter provides for additional assessments against the depositories to ensure there will be no loss of public funds.

As of June 30, 2004, the carrying amount of the Foundation's deposits totaled \$140,386 with bank balances of \$140,459. All of the Foundation's deposits were entirely covered by Federal Depository Insurance Corporation.

The lowa Code authorizes the Medical Center to invest in obligations of the U.S. government, its agencies and instrumentalities; certificates of deposit or other evidences of deposit at federally insured depository institutions; prime banker's acceptances that mature within two hundred seventy days and that are eligible for purchase by a federal reserve bank; commercial paper or other short-term corporate debt that matures within 270 days and that is rated within the two highest classifications, as established by at least one of the standard rating services approved by the superintendent of banking; repurchase agreements whose underlying collateral consists of obligations of the U.S. government, its agencies and instrumentalities; an open-end management investment company registered with federal securities and exchange commission under the Federal Investment Company Act of 1940; a joint investment trust organized pursuant to Chapter 28E prior to and existing in good standing on April 28, 1992, or is rated within the two highest classifications by at least one of the standard rating services approved by the superintendent of banking; and warrants or improvement certificates of a levee or drainage district.

Investments are categorized into these three categories of custodial credit risk:

- Insured or registered in the Medical Center's name, or securities held by the Medical Center or its agent in the Medical Center's name.
- Uninsured and unregistered, with securities held by the counterparty's trust department or agent in the Medical Center's name.
- Uninsured and unregistered, with securities held by the counterparty or by its trust department or agent but not in the Medical Center's name.

Notes to Basic Financial Statements

Note 3. Cash and Investments (Continued)

As of June 30, 2004, the Medical Center's investment balances were as follows:

		Category			_	
	(1)	(2)	(3)			Fair Value
						_
U.S. government securities	\$ 1,990,798	\$ -	\$	-	\$	1,990,798

The Medical Center's carrying values of cash deposits and assets limited to use or restricted are as follows:

	 6,732,057 8,250,515 1,990,798 2,424,934 3,500 3,500		2003
Carrying value:			
Petty cash	\$ 4,222	\$	3,455
Deposits	6,732,057		8,250,515
Investments	1,990,798		2,424,934
Investments in artwork	3,500		3,500
	\$ 8,730,577	\$	10,682,404

The Medical Center's cash, deposits, and assets limited as to use or restricted are included in the following balance sheet captions:

	 2004 2003		
Cash and cash equivalents Assets limited as to use, required for current liabilities Assets limited as to use, noncurrent:	\$ 2,431,625 3,908,838	\$	2,293,824 3,283,553
Cash and cash equivalents Investments Funds on deposit, cash and cash equivalents	 580,092 1,716,898 93,124		2,646,934 2,428,434 29,659
	\$ 8,730,577	\$	10,682,404

The Foundation's carrying values of cash deposits and assets limited as to use or restricted are as follows:

	2004	2003
Carrying value:		
Deposits with financial institutions	\$ 138,480	\$ 96,939
Money market	1,906	1,377
	\$ 140,386	\$ 98,316

Notes to Basic Financial Statements

Note 4. Assets Limited as to Use or Restricted

Assets limited as to use or restricted include assets set aside by the Board of Trustees for plant replacement and expansion, recognition of memorial contributions, funding of the Medical Center's self-insured retention fund, and by agreement with others. Assets limited as to use by the Board of Trustees may, at the Board's discretion, be subsequently used for other purposes. Assets limited as to use are classified as current assets, to the extent available, to meet current liabilities.

Assets limited as to use or restricted as of June 30, 2004 and 2003 were designated as follows:

	2004			2003		
Board designated for:						
Capital tax levy	\$	-	\$	278,303		
Memorial funds		16,561		16,555		
Self-insured retention funds:						
Medical malpractice		2,524,350		2,605,589		
Workers' compensation		616,470		548,181		
Health insurance trust		2,136,401		2,572,812		
Flexible benefits trust fund		-		2,062		
Dental		180,122		158,741		
Under terms of a capital lease obligation,						
debt service reserve (Note 6)		614,076		623,269		
Under terms of general obligation capital loan notes:						
Unspent bond proceeds		-		1,239,591		
Plant replacement and expansion		210,972		343,477		
	\$	6,298,952	\$	8,388,580		

These balances are presented in the accompanying balance sheets as summarized below:

	 2004	2003
Assets limited as to use or restricted, required		_
for current liabilities	\$ 3,908,838	\$ 3,283,553
Assets limited as to use or restricted	2,390,114	5,105,027
	\$ 6,298,952	\$ 8,388,580

Notes to Basic Financial Statements

Note 5. Capital Assets

Activity in capital assets and accumulated depreciation and amortization for the years ended June 30, 2004 and 2003 was as follows:

	Medical Center										
						Transfers					
		June 30,				and		June 30,			
		2003		Additions		Disposals		2004			
Capital assets, not being depreciated:											
Land	\$	58,276	\$	-	\$	-	\$	58,276			
Construction in progress		568,008		1,250,822		1,542,778		276,052			
Total capital assets, not								_			
being depreciated		626,284		1,250,822		1,542,778		334,328			
Capital assets, being depreciated:											
Land improvements		3,784,525		-		-		3,784,525			
Buildings		18,051,026		-		-		18,051,026			
Building equipment		17,941,407		42,786		(1,319,952)		19,304,145			
Fixed equipment		456,930		549		1,620		455,859			
Vans		58,415		137,628		-		196,043			
Major movable equipment		14,593,595		399,394		(169,266)		15,162,255			
Equipment under capital lease		1,118,973		227,532		225,664		1,120,841			
Total capital assets,											
being depreciated		56,004,871		807,889		(1,261,934)		58,074,694			
Less accumulated depreciation for:											
Land improvements		1,601,599		161,346		-		1,762,945			
Buildings		10,289,637		493,678		-		10,783,315			
Building equipment		11,302,245		779,711		-		12,081,956			
Fixed equipment		398,613		8,625		1,620		405,618			
Vans		11,020		22,118		-		33,138			
Major movable equipment		9,928,723		1,316,652		52,455		11,192,920			
Equipment under capital lease		1,029,286		47,735		199,064		877,957			
Total accumulated depreciation		34,561,123		2,829,865		253,139		37,137,849			
Total capital assets, being depreciated, net		21,443,748		(2,021,976)		(1,515,073)		20,936,845			
Capital assets, net		22,070,032	\$	(771,154)	\$	27,705	\$	21,271,173			
p,		,,	-	, , , , , , ,	-	, ,,		, , ,			

Capital assets as of June 30, 2004 and 2003 included costs of \$15,828,671 and \$14,753,101, respectively, related to capital leases. Accumulated amortization related to the capital leases as of June 30, 2004 and 2003 was \$9,877,834 and \$9,679,308, respectively. Commitments to complete construction in progress amounted to approximately \$81,000 as of June 30, 2004.

Notes to Basic Financial Statements

Note 5. Capital Assets (Continued)

	Medical Center								
						Transfers			
		June 30,				and		June 30,	
		2002		Additions		Disposals		2003	
Capital assets, not being depreciated:									
Land	\$	58,276	\$	-	\$	- 	\$	58,276	
Construction in progress		580,162		792,019		804,173		568,008	
Total capital assets, not									
being depreciated		638,438		792,019		804,173		626,284	
Capital assets, being depreciated:									
Land improvements		3,786,971		-		2,446		3,784,525	
Buildings		18,064,193		-		13,167		18,051,026	
Building equipment		17,359,184		13,678		(568,545)		17,941,407	
Fixed equipment		504,400		1,094		48,564		456,930	
Vans		8,895		49,520		-		58,415	
Major movable equipment		14,377,724		1,030,598		814,727		14,593,595	
Equipment under capital lease		1,163,286		-		44,313		1,118,973	
Total capital assets,									
being depreciated		55,264,653		1,094,890		354,672		56,004,871	
Less accumulated depreciation for:									
Land improvements		1,433,689		169,378		1,468		1,601,599	
Buildings		9,754,641		544,909		9,913		10,289,637	
Building equipment		10,585,185		719,685		2,625		11,302,245	
Fixed equipment		433,370		10,550		45,307		398,613	
Vans		8,055		2,965		-		11,020	
Major movable equipment		9,588,109		1,276,007		935,393		9,928,723	
Equipment under capital lease		936,639		136,960		44,313		1,029,286	
Total accumulated depreciation		32,739,688		2,860,454		1,039,019		34,561,123	
Total capital assets being depresented not		22 524 065		(1,765,564)		(604 247)		21 112 710	
Total capital assets, being depreciated, net Capital assets, net	\$	22,524,965 23,163,403	\$	(973,545)	\$	(684,347) 119,826	\$	21,443,748 22,070,032	
oupitul assets, net	Ψ	20,100,400	Ψ	,		·	Ψ	22,010,002	
				Foun	dati				
	Transfers					luna 20			
		June 30, 2003		Additions		and Disposals		June 30, 2004	
		2003		Additions		Disposais		2004	
Capital assets being depreciated,									
fixed equipment	\$	_	\$	7,473	\$	-	\$	7,473	
Less accumulated depreciation for	7		*	.,	•		7	.,	
fixed equipment		-		700		-		700	
Capital assets, net	\$	-	\$	6,773	\$	-	\$	6,773	

Notes to Basic Financial Statements

Note 6. Debt

Long-term debt as of June 30, 2004 and 2003 consists of the following:

	 2004	2003
Note payable to Polk County, Iowa, for facility plan (A)	\$ -	\$ 281,116
General obligation capital loan notes (1996) (B)	-	1,887,603
General obligation capital loan notes (1998), net of discount (C)	346,964	426,189
General obligation capital loan notes (2000), net of discount (D)	3,227,578	3,425,377
General obligation bonds (2003), net of discount (E)	1,457,936	-
Capital lease obligation, buildings (F)	3,720,000	4,160,000
Capital lease obligations, equipment (F)	 214,412	30,526
	 8,966,890	10,210,811
Less current maturities	 1,441,295	1,442,870
	\$ 7,525,595	\$ 8,767,941

- (A) The note payable to Polk County, lowa, for the facility plan was due in monthly installments of principal and interest, with a final payment in 2004. Interest was at a variable rate as defined in the loan agreement. The note was secured by all accounts receivable and general intangibles of the Medical Center, including all net revenue, as defined in lowa Code Section 331.461(7), as amended, and a bank's irrevocable letter of credit.
- (B) On July 1, 1996, the Medical Center issued general obligation capital loan notes through Polk County in the principal amount of \$2,515,000 to fund expansion of the Medical Center's information systems and purchase other capital assets. The notes mature in annual installments through fiscal year 2006 and were subject to early redemption beginning in fiscal year 2004. Interest, at rates ranging from 5.00% to 5.15%, was payable semiannually. The net revenue and receivables of the Medical Center have been pledged to the payment of the notes. The 1996 capital loan notes were advance refunded in 2004, see (E) below.
- (C) On June 2, 1998, the Medical Center issued general obligation capital loan notes through Polk County in the principal amount of \$775,000 to fund renovations and improvements to the Medical Center. The notes mature in annual installments through fiscal year 2008. Interest, at rates ranging from 4.00% to 4.60%, is payable semiannually. The net revenue and receivables of the Medical Center have been pledged to the payment of the notes.
- (D) On December 1, 2000, the Medical Center issued general obligation capital loan notes through Polk County in the principal amount of \$4,200,000 to fund demolition of a building, equipment acquisitions, infrastructure improvements, and renovation and remodeling at the Medical Center. The notes mature in annual installments through fiscal year 2012. Interest, at rates ranging from 4.50% to 4.95%, is payable semiannually. The net revenue and receivables of the Medical Center have been pledged to the payment of the notes.

Notes to Basic Financial Statements

Note 6. Debt (Continued)

(E) On December 15, 2003, Polk County issued \$4,010,000 in General Obligation Bonds to advance refund \$1,530,000 of outstanding General Obligation Capital Notes dated July 1, 1996 and \$2,480,000 General Obligation County Purpose Bonds dated December 1, 1996. The Medical Center's portion of the refunded bonds was \$1,530,000 related to the General Obligation Capital Loan Notes dated July 1, 1996, also see (B) above. The net proceeds of the 2003 General Obligation Bonds were used to purchase U.S. government securities, those securities were deposited in an irrevocable trust with an escrow agent to provide for all future debt service payments on the General Obligation Capital Notes dated July 1, 1996 and the General Obligation County Purpose Bonds dated December 1, 1996. As a result, the 1996 Capital Loan Notes are considered to be defeased and the liability for those bonds has been removed from the financial statements of the Medical Center in fiscal year 2004. The 2003 General Obligation Bonds mature in annual installments through fiscal year 2004 and bear interest at rates ranging from 1.25% to 1.7%.

The advance refunding resulted in a difference between the reacquisition price and the net carrying amount of the old debt of approximately \$65,800. The difference, reported in the accompanying financial statements as a deduction from bonds payable, is being charged to operations through 2006. The Medical Center completed the advance refunding to reduce its total debt service payments over the next 3 years by approximately \$52,000 and to obtain an economic gain (difference between the present values of old and new debt service payments) of approximately \$48,700.

(F) The Medical Center has lease agreements related to the Sands Center and for certain equipment which are classified as capital leases. The Sands Center building lease expires in 2011 and the other leases expire at various dates through 2009.

The Medical Center was required to deposit \$610,000 in an improvement fund under the terms of the Sands Center lease agreement. This money must be used for rental payments under the lease to the extent that no other revenue is available. Any amount, however, on deposit in excess of \$305,000 not required for such payments may be borrowed from the improvement fund to pay current operating expenses of the Medical Center. The improvement fund must be replenished by the end of the fiscal year if the borrowing is made during the first quarter of a fiscal year or else by the end of the next succeeding fiscal year if the borrowing is made during the second, third or fourth quarter of a fiscal year. As of June 30, 2004, the Medical Center had no outstanding borrowings from the improvement fund. The amounts on deposit in the improvement fund are \$614,076 and \$623,269 as of June 30, 2004 and 2003, respectively.

The term of the lease agreement requires the Medical Center to comply with certain covenants. The covenants restrict the amount of debt and capital expenditures the Medical Center can incur during the year. The covenants also require the Medical Center to maintain certain financial ratios.

Notes to Basic Financial Statements

Note 6. Debt (Continued)

Long-term debt activity as of and for the years ended June 30, 2004 and 2003 is as follows:

		June 30, 2003	[Borrowings	А	ayments and amortization of Discount	June 30, 2004	Amounts Due Within 1 Year
Notes payable:								
Note payable to Polk County	\$	281,116	\$	-	\$	281,116	\$ -	\$ -
General obligation capital loan notes (1996)		1,887,603		-		1,887,603	-	-
General obligation capital loan notes (1998)		426,189		-		79,225	346,964	80,000
General obligation capital loan notes (2000)		3,425,377		-		197,799	3,227,578	100,000
General obligation bonds (2003)		-		1,451,746		(6,190)	1,457,936	750,000
Total notes payable		6,020,285		1,451,746		2,439,553	5,032,478	930,000
Capital lease obligations:								
Equipment		30,526		227,532		43,646	214,412	46,295
Buildings		4,160,000				440,000	3,720,000	465,000
Total lease obligations	_	4,190,526		227,532		483,646	3,934,412	511,295
•	\$	10,210,811	\$	1,679,278	\$	2,923,199	\$ 8,966,890	\$ 1,441,295
		June 30, 2002	E	Borrowings	A	ayments and amortization of Discount	June 30, 2003	Amounts Due Within 1 Year
Notes payable:		-	E	Borrowings	A	mortization		Due Within
Notes payable: Note payable to Polk County	\$	-	<u> </u>	Borrowings -	A	mortization	\$	\$ Due Within
Note payable to Polk County	\$	2002		Borrowings - -	A	mortization of Discount	\$ 2003	 Due Within 1 Year
Note payable to Polk County General obligation capital loan notes (1996)	\$	2002 814,753		Borrowings - - -	A	of Discount 533,637	\$ 2003	 Due Within 1 Year 281,116
Note payable to Polk County General obligation capital loan notes (1996) General obligation capital loan notes (1998)	\$	814,753 2,010,067 500,414		Borrowings - - - -	A	533,637 122,464 74,225	\$ 281,116 1,887,603 426,189	 Due Within 1 Year 281,116 415,000 80,000
Note payable to Polk County General obligation capital loan notes (1996)	\$	814,753 2,010,067		Borrowings	A	533,637 122,464	\$ 2003 281,116 1,887,603	 Due Within 1 Year 281,116 415,000
Note payable to Polk County General obligation capital loan notes (1996) General obligation capital loan notes (1998) General obligation capital loan notes (2000)	\$	814,753 2,010,067 500,414 3,658,176		Borrowings - - - - -	A	533,637 122,464 74,225 232,799	\$ 281,116 1,887,603 426,189 3,425,377	 Due Within 1 Year 281,116 415,000 80,000 200,000
Note payable to Polk County General obligation capital loan notes (1996) General obligation capital loan notes (1998) General obligation capital loan notes (2000) Total notes payable	\$	814,753 2,010,067 500,414 3,658,176		Borrowings	A	533,637 122,464 74,225 232,799	\$ 281,116 1,887,603 426,189 3,425,377	 Due Within 1 Year 281,116 415,000 80,000 200,000
Note payable to Polk County General obligation capital loan notes (1996) General obligation capital loan notes (1998) General obligation capital loan notes (2000) Total notes payable Capital lease obligations:	\$	2002 814,753 2,010,067 500,414 3,658,176 6,983,410		Borrowings	A	533,637 122,464 74,225 232,799 963,125	\$ 281,116 1,887,603 426,189 3,425,377 6,020,285	 281,116 415,000 80,000 200,000 976,116
Note payable to Polk County General obligation capital loan notes (1996) General obligation capital loan notes (1998) General obligation capital loan notes (2000) Total notes payable Capital lease obligations: Equipment	\$	2002 814,753 2,010,067 500,414 3,658,176 6,983,410		Borrowings	A	533,637 122,464 74,225 232,799 963,125	\$ 281,116 1,887,603 426,189 3,425,377 6,020,285	 281,116 415,000 80,000 200,000 976,116

Notes to Basic Financial Statements

Note 6. Debt (Continued)

Aggregate principal and interest maturities for the Medical Center's long-term debt, excluding the capital lease obligations, as of June 30, 2004 are as follows:

	Principal	Interest
Year ending June 30:		
2005	\$ 930,000	\$ 197,058
2006	955,000	176,117
2007	610,000	154,518
2008	530,000	126,197
2009	505,000	101,383
2010 to 2014	 1,585,000	154,835
	 5,115,000	\$ 910,108
Less unamortized discount	 82,522	
	\$ 5,032,478	

The future minimum lease payments as of June 30, 2004 on the capital lease obligations are as follows:

	The Sands		
	Center	Equipment	Total
Year ending June 30:			
2005	\$ 638,791	\$ 62,147	\$ 700,938
2006	637,401	58,295	695,696
2007	635,091	53,115	688,206
2008	636,861	52,079	688,940
2009	632,481	30,380	662,861
2010 to 2011	 1,271,538	-	1,271,538
Total minimum lease payments	4,452,163	256,016	4,708,179
Less amounts representing interest	 732,163	41,604	773,767
Present value of minimum			
lease payments	\$ 3,720,000	\$ 214,412	\$ 3,934,412

In addition, the Medical Center issued and paid \$11,161,500 and \$11,398,000 of short-term taxable public warrants during the years ended June 30, 2004 and 2003, respectively, for financing short-term cash flow needs.

Notes to Basic Financial Statements

Note 7. Retirement System

The Medical Center contributes to the lowa Public Employees Retirement System (IPERS), which is a cost-sharing multiple-employer defined benefit pension plan administered by the State of Iowa. IPERS provides retirement and death benefits which are established by state statute to plan members and beneficiaries. IPERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to IPERS, P.O. Box 9117, Des Moines, Iowa 50306-9117.

Plan members are required to contribute 3.70% of their annual covered salary and the Medical Center is required to contribute 5.75% of annual payroll. Contribution requirements are established by state statute. The Medical Center's contributions to IPERS for the years ended June 30, 2004, 2003, and 2002 was \$1,921,535, \$1,893,719, and \$1,839,893, respectively, equal to the required contributions for each year.

Note 8. Risk Management, Self-Insurance and Commitments

Broadlawns Medical Center is exposed to various risks of loss related to torts, theft, damage to and destruction of assets, errors and omissions, injuries to employees, and natural disasters. These risks, except those self-insured by the Medical Center, are covered by the purchase of commercial insurance. Settled claims for these risks have not exceeded commercial insurance coverage in any of the past three fiscal years.

Self-Insurance:

The Medical Center self-insures its professional liability with annual limits of \$250,000 per claim and \$750,000 in aggregate. Thereafter, excess liability insurance coverage is maintained on a claims-made basis, with an annual aggregate liability limit of \$25,000,000. The Medical Center also self-insures workers' compensation, with limits of \$200,000 per claim and \$5,000,000 aggregate limit for a two-year period. The Medical Center is self-insured for dental insurance with a limit of \$1,000 per covered person per year, and is self-insured for employee health expenses with limits of \$150,000 per covered person per year and \$1,000,000 during such person's lifetime. The Medical Center has insurance coverage for general liability and automobile liability, with aggregate limits of \$2,000,000 and \$1,000,000, respectively.

The Medical Center has a revocable trust for each self-insurance plan for the purpose of setting aside assets based on actuarial funding recommendations. Under the trust agreements, the trust assets can only be used for payment of professional liability losses, related expenses, and the cost of administering the trust. Income earned on trust fund assets (primarily U.S. treasury securities and money market funds invested in government securities) is included in nonoperating revenue. In addition, the Medical Center has a letter of credit agreement with a financial institution, which allows for draws of up to approximately \$738,000 through April 2005, which can also be used for payment of losses. There were no borrowings on the letter of credit as of June 30, 2004.

The annual provision for professional liability losses and expenses included in the accompanying statement of revenue, expenses, and changes in net assets is based on the actuarially determined estimate of the present value of liabilities and related expenses resulting from asserted and unasserted incidents, discounted at 4% in 2004 and 5% in 2003.

Notes to Basic Financial Statements

Note 8. Risk Management, Self-Insurance and Commitments (Continued)

The Medical Center has accrued liabilities of \$3,492,527 and \$4,865,769 for self-insured losses as of June 30, 2004 and 2003, respectively. These accrued liabilities are based on management's evaluation of the merits of various claims, historical experience, and consultation with external insurance consultants and include estimates for incurred but not reported claims. Losses estimated to be settled within one year have been classified as current liabilities.

										Amounts
		June 30,						June 30,	[Due Within
	2003		Additions		Reductions		2004		1 Year	
Malpractice insurance	\$	1,466,019	\$	641,253	\$	184,765	\$	1,922,507	\$	294,994
Workers compensation insurance		717,724		183,282		201,006		700,000		268,802
Dental insurance		126,249		337,036		313,399		149,886		149,886
Flex benefits plan		1,537		-		1,537		-		-
Health insurance		2,554,240		2,766,737		4,600,843		720,134		720,134
Total	\$	4,865,769	\$	3,928,308	\$	5,301,550	\$	3,492,527	\$	1,433,816

	June 30, 2002			Additions	Reductions	June 30, 2003	Amounts Due Within 1 Year		
Malpractice insurance	\$	1,699,047	\$	187,572	\$	420,600	\$ 1,466,019	\$	422,301
Workers compensation insurance		242,292		846,952		371,520	717,724		356,891
Dental insurance		129,091		318,920		321,762	126,249		126,249
Flex benefits plan		45,311		-		43,774	1,537		1,537
Health insurance		1,082,276		5,404,365		3,932,401	2,554,240		2,554,240
Total	\$	3,198,017	\$	6,757,809	\$	5,090,057	\$ 4,865,769	\$	3,461,218

Notes to Basic Financial Statements

Note 8. Risk Management, Self-Insurance and Commitments (Continued)

Lease commitments:

The Medical Center leases computer hardware and software equipment and real estate under operating agreements which expire through 2011. Rental expense under those agreements was approximately \$590,544 and \$399,472 for the years ended June 30, 2004 and 2003, respectively. The schedule of minimum rental payments due under these agreements are as follows:

	<u>E</u>	Equipment		Real Estate
Year ending June 30:				_
2005	\$	156,562	\$	423,967
2006		70,626		367,274
2007		-		287,286
2008		-		316,056
2009		-		316,056
2010 to 2011		-		632,112
	\$	227,188	\$	2,342,751

In connection with the computer leases, the Medical Center has data processing service agreements which expire through 2005. Total service expense under these agreements was \$1,162,211 and \$1,183,730 for the years ended June 30, 2004 and 2003, respectively. The agreements require monthly payments, which were subject to adjustment monthly based upon actual usage.

Laws and regulations:

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not limited to, accreditation, licensure, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in exclusion from government health care program participation, together with the imposition of significant fines and penalties, as well as significant repayment for past reimbursement for patient services received. While the Medical Center is subject to similar regulatory reviews, management believes the outcome of any such regulatory review will not have a material adverse effect on the Medical Center's financial position.

Notes to Basic Financial Statements

Note 9. Budget and Budgetary Accounting

In accordance with the Code of Iowa, the Board of Trustees annually adopts a budget following required public notice and hearings for all funds. The annual budget may be amended during the year utilizing similar statutorily-prescribed procedures. The budgetary basis is non-GAAP basis adjusted for depreciation and amortization, equipment improvements, lease payments, and restricted expenses.

The following is a comparison of actual expenses to budget for the year ended June 30, 2004:

	A	djustments		
GAAP	to	Budgetary	Budgetary	Adopted
Expenses		Basis	Basis	Budget
\$ 73,942,616	\$	495,693	\$ 74,438,309	\$ 76,686,019

Note 10. Concentrations of Credit Risk

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements or who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The mix of receivables from patients and third-party payors as of June 30, 2004 and 2003 was as follows:

	2004	2003
Medicare	7%	5%
PCHS	8	6
Disability	18	17
Medicaid	9	14
Private pay	29	15
Title XIX pending	10	20
Other	19	23
Total	100%	100%

Notes to Basic Financial Statements

Note 11. New Government Accounting Standards Board (GASB) Statements and Pending Pronouncements

The Medical Center adopted Statement No. 39, *Determining Whether Certain Organizations are Component Units* during the year ended June 30, 2004. The adoption of this Statement required the Medical Center to include the Broadlawns Medical Center Foundation as a discretely presented component unit as of June 30, 2004 and 2003.

The GASB has also issued several statements not yet implemented by the Medical Center. The Statements which might impact the Medical Center and Foundation (collectively the Organization) are as follows:

Statement No. 40, *Deposit and Investment Risk Disclosures*, issued March 2003, will be effective for the Organization beginning with its year ending June 30, 2005. This Statement establishes and modifies disclosure requirements related to investment risks related to credit risk, concentration of credit risk, interest rate risk and foreign currency risk. As an element of interest rate risk, this Statement requires certain disclosures of investments that have fair values that are highly sensitive to changes in interest rates. This Statement also establishes and modifies disclosure requirements for deposit risks.

Statement No. 42, Accounting and Financial Reporting for Impairment of Capital Assets and for Insurance Recoveries, issued November 2003, will be effective for the Organization beginning with its year ending June 30, 2006. This Statement establishes accounting and financial reporting standards for impairment of capital assets. A capital asset is considered impaired when its service utility has declined significantly and unexpectedly. This Statement also clarifies and establishes accounting requirements for insurance recoveries.

Statement No. 43, *Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans*, issued April 2004. This Statement establishes uniform financial reporting standards for other postemployment benefit plans (OPEB plans) and supersedes existing guidance. The provisions of this Statement will be effective starting with the Organization's year ending June 30, 2008.

GASB No. 45, Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions, issued June 2004, will be effective for the Organization beginning with its year ending June 30, 2009. This Statement establishes standards for the measurement, recognition and display of other postemployment benefits, expenses and related liabilities or assets, note disclosures and if applicable, required supplementary information in the financial reports.

The Organization's management has not yet determined the effect these Statements will have on the Organization's financial statements.

Balance Sheet, by Department June 30, 2004

	Positive									
					Α	Iternatives to				Total
		Medical	ı	Residential	Н	ospitalization				Medical
Assets		Center		Facilities		(PATH)	Е	liminations		Center
Current Assets:										
Cash and cash equivalents	\$	2,011,532	\$	101,092	\$	319,001	\$	-	\$	2,431,625
Assets limited as to use or restricted, required for										
current liabilities		3,908,838		-		-		-		3,908,838
Receivables:										
Patients, net		9,806,851		78,651		1,674		-		9,887,176
Property taxes		395,801		-		-		-		395,801
Succeeding year property taxes		42,311,359		-		-		-		42,311,359
Federal grants		220,953		-		-		-		220,953
Nonfederal grants		177,861		-		-		-		177,861
Other		344,768		-		-		230,408	(1)	114,360
Due from third-party payors		1,038,869		52,509		-		-		1,091,378
Inventories		384,089		-		-		-		384,089
Prepaid expenses and other assets		617,295		-		-		-		617,295
Total current assets		61,218,216		232,252		320,675		230,408		61,540,735
Noncurrent Assets:										
Assets Limited as to Use or Restricted:		500.000								500.000
Cash and cash equivalents		580,092		-		-		-		580,092
Investments		1,716,898		-		-		-		1,716,898
Funds on deposit		93,124		-		-		-		93,124
		2,390,114		-		-		-		2,390,114
Capital Assets, net		21,020,330		3,976		246,867		-		21,271,173
Other Assets		320,349		-		-		-		320,349
Total noncurrent assets	_	23,730,793		3,976		246,867		-		23,981,636
	\$	84,949,009	\$	236,228	\$	567,542	\$	230,408	\$	85,522,371

⁽¹⁾ To eliminate intercompany receivables and payables.

				A	Iternatives to				Total	
		Medical	Residential	Н	ospitalization				Medical	
Liabilities and Net Assets		Center	Facilities		(PATH)	Eliminations			Center	
Current Liabilities:										
Current maturities of long-term debt	\$	930,000	\$ -	\$	-	\$ -		\$	930,000	
Current maturities of capital lease obligations		511,295	-		-	-			511,295	
Accounts payable and other accrued expenses		2,477,380	65,433		144,524	125,240	(1)		2,562,097	
Accrued employee compensation and payroll taxes		3,689,586	46,767		58,401	105,168	(1)		3,689,586	
Current portion of accrued claims on self-insurance		1,433,816	-		-	-			1,433,816	
Deferred revenue for succeeding year property taxes		42,311,359	-		-	-			42,311,359	
Total current liabilities		51,353,436	112,200		202,925	230,408			51,438,153	
Noncurrent liabilities: Accrued claims on self-insurance, less current										
portion		2,058,711	_		_	_			2,058,711	
Long-term debt, less current maturities		4,102,478	_		_	_			4,102,478	
Long-term capital lease obligations, less		.,,							.,,	
current maturities		3,423,117	_		_	_			3,423,117	
Total noncurrent liabilities		9,584,306			_	_			9,584,306	
Total liabilities	_	60,937,742	112,200		202,925	230,408			61,022,459	
Commitments and Contingencies										
Net Assets:										
Invested in capital assets, net of related debt		12,373,789	3,976		246,867	-			12,624,632	
Restricted:										
For debt service		614,076	-		-	-			614,076	
For capital acquisitions		559,752	-		-	-			559,752	
For specific activities		74,580	5,954		-	-			80,534	
Unrestricted		10,389,070	114,098		117,750	-			10,620,918	
Total net assets		24,011,267	124,028		364,617	-			24,499,912	

Positive

236,228

567,542

\$

230,408

\$

85,522,371

84,949,009

Balance Sheet, by Department June 30, 2003

	Positive										
					Al	Iternatives to					Total
		Medical	F	Residential	Н	ospitalization					Medical
Assets		Center		Facilities		(PATH)	Е	liminations			Center
Current Assets:											
Cash and cash equivalents	\$	1,651,081	\$	179,458	\$	463,285	\$	-		\$	2,293,824
Assets limited as to use or restricted, required for											
current liabilities		3,283,553		-		-		-			3,283,553
Receivables:											
Patients, net		10,317,430		160,073		-		-			10,477,503
Property taxes		408,876		-		-		-			408,876
Succeeding year property taxes		39,189,683		-		-		-			39,189,683
Federal grants		343,652		-		-		-			343,652
Nonfederal grants		46,603		-		-		-			46,603
Other		823,431		-		-		424,509	(1)		398,922
Due from third-party payors		60,228		86,140		-		-			146,368
Inventories		395,625		-		-		-			395,625
Prepaid expenses and other assets		407,888		-		-		-			407,888
Total current assets		56,928,050		425,671		463,285		424,509			57,392,497
Noncurrent Assets:											
Assets Limited as to Use or Restricted:											
Cash and cash equivalents		2,646,934		-		-		-			2,646,934
Investments		2,428,434		-		-		-			2,428,434
Funds on deposit		29,659		-		-		-			29,659
		5,105,027		-		-		-			5,105,027
Capital Assets, net		21,921,587		15,573		132,872		-			22,070,032
Other Assets		271,682		_		-		-			271,682
Total noncurrent assets		27,298,296		15,573		132,872		-			27,446,741
	\$	84,226,346	\$	441,244	\$	596,157	\$	424,509		\$	84,839,238

⁽¹⁾ To eliminate intercompany receivables and payables.

	Medical	Residential		Alternatives to				Total Medical	
Liabilities and Net Assets	Center	Facilities	I	(PATH)	Eliminations			Center	
Current Liabilities:				,					
Current maturities of long-term debt	\$ 976,116	\$ -	\$	-	\$	-		\$ 976,116	
Current maturities of capital lease obligations	466,754	-		-		-		466,754	
Accounts payable and other accrued expenses	3,049,912	285,200		152,814		347,155	(1)	3,140,771	
Accrued employee compensation and payroll taxes	4,858,131	37,539		39,815		77,354	(1)	4,858,131	
Current portion of accrued claims on self-insurance	3,461,218	-		-		-		3,461,218	
Deferred revenue for succeeding year property taxes	39,189,683	-		-		-		39,189,683	
Total current liabilities	52,001,814	322,739		192,629		424,509		52,092,673	
Noncurrent liabilities: Accrued claims on self-insurance, less current portion	1,404,551	-		-		_		1,404,551	
Long-term debt, less current maturities	5,044,169	-		-		_		5,044,169	
Long-term capital lease obligations, less									
current maturities	3,723,772	-		-		-		3,723,772	
Total noncurrent liabilities	 10,172,492	-		-		-		10,172,492	
Total liabilities	62,174,306	322,739		192,629		424,509		62,265,165	
Commitments and Contingencies									
Net Assets:									
Invested in capital assets, net of related debt Restricted:	12,981,996	15,573		132,872		-		13,130,441	
For debt service	623,269	-		-		-		623,269	
For capital acquisitions	2,213,739	-		-		-		2,213,739	
For specific activities	76,162	8,618		-		-		84,780	
Unrestricted	6,156,874	94,314		270,656		-		6,521,844	
Total net assets	22,052,040	118,505		403,528		-		22,574,073	
	\$ 84,226,346	\$ 441,244	\$	596,157	\$	424,509		\$ 84,839,238	

Positive

Broadlawns Medical Center

Statements of Revenue, Expenses, and Changes in Net Assets, by Department Year Ended June 30, 2004

				Positive				
			Α	Iternatives to				Total
	Medical	Residential	Н	ospitalization				Medical
	Center	Facilities		(PATH)	Eli	minations		Center
Operating revenue:								
Net patient service revenue	\$ 28,795,445	\$ 1,019,691	\$	1,102,873	\$	-		\$ 30,918,009
Contracts	1,326,137	-		-		-		1,326,137
Operating grants	1,568,681	-		-		-		1,568,681
Other	2,226,062	-		-		18,877	(1)	2,207,185
Total operating revenue	33,916,325	1,019,691		1,102,873		18,877		36,020,012
Operating expenses:								
Salaries and wages	34,514,628	642,255		519,704		-		35,676,587
Employee benefits	6,828,741	171,200		110,387		-		7,110,328
Physician fees and outside services	3,379,448	-		-		-		3,379,448
Supplies and other expenses	23,671,544	194,857		475,555		18,877	(1)	24,323,079
Depreciation and amortization	2,841,001	11,598		37,058		-		2,889,657
Total operating expenses	71,235,362	1,019,910		1,142,704		18,877		73,379,099
Operating (loss)	 (37,319,037)	(219)		(39,831)		-		(37,359,087)
Nonoperating revenue (expense):								
Property taxes	39,318,842	-		-		-		39,318,842
State appropriations	312,000	-		-		-		312,000
Noncapital grants and contributions	8,995	-		25		-		9,020
Investment earnings	79,260	219		895		13,787	(1)	66,587
Interest expense	(577,304)	-		-		(13,787)	(1)	(563,517)
Capital grants and contributions	99,997	-		-		-		99,997
Other, net	36,474	5,523		-		-		41,997
Total nonoperating revenue								
(expense), net	 39,278,264	5,742		920		-		39,284,926
Change in net assets	1,959,227	5,523		(38,911)		-		1,925,839
Net assets:								
Beginning	 22,052,040	118,505		403,528		-		22,574,073
Ending	\$ 24,011,267	\$ 124,028	\$	364,617	\$	-		\$ 24,499,912

⁽¹⁾ To eliminate intercompany transactions.

Broadlawns Medical Center

Statements of Revenue, Expenses, and Changes in Net Assets, by Department Year Ended June 30, 2003

		Medical Center	Residential Facilities	Positive Alternatives to Hospitalization (PATH)	E	Eliminations		Total Medical Center
Operating revenue:								
Net patient service revenue	\$	27,476,025	\$ 869,606	\$ 1,033,562	\$	-		\$ 29,379,193
Contracts		1,776,643	-	-		-		1,776,643
Operating grants		1,772,706	-	-		-		1,772,706
Other		2,248,981	-	-		18,877	(1)	2,230,104
Total operating revenue		33,274,355	869,606	1,033,562		18,877		35,158,646
Operating expenses:								
Salaries and wages		33,971,883	633,250	456,410		-		35,061,543
Employee benefits		9,786,714	176,482	109,623		-		10,072,819
Physician fees and outside services		3,444,984	-	-		-		3,444,984
Supplies and other expenses		21,422,884	189,696	401,762		18,877	(1)	21,995,465
Depreciation and amortization		2,898,182	12,643	12,711		-	. ,	2,923,536
Total operating expenses		71,524,647	1,012,071	980,506		18,877		73,498,347
Operating income (loss)		(38,250,292)	(142,465)	53,056		-		(38,339,701)
Nonoperating revenue (expense):								
Property taxes		36,544,212	_	-		-		36,544,212
State appropriations		312,198	_	-		-		312,198
Noncapital grants and contributions		21,774	_	-		-		21,774
Investment earnings		171,400	1,112	6,569		4,121	(1)	174,960
Interest expense		(635,819)	(93)	_		(4,121)	(1)	(631,791)
Capital grants and contributions		42,746	-	-		-	. ,	42,746
Other, net		(38,919)	-	-		-		(38,919)
Total nonoperating revenue		, ,						(, ,
(expense), net		36,417,592	1,019	6,569		-		36,425,180
Change in net assets		(1,832,700)	(141,446)	59,625		-		(1,914,521)
Net assets:								
Beginning	_	23,884,740	 259,951	 343,903				24,488,594
Ending	\$	22,052,040	\$ 118,505	\$ 403,528	\$	-		\$ 22,574,073

⁽¹⁾ To eliminate intercompany transactions.

Broadlawns Medical Center

Analysis of Net Patient Receivables June 30, 2004 and 2003

	2004		2003				
		Percent			Percent		
	Amounts	to Total		Amounts	to Total		
0 - 30 (in-house and unbilled)	\$ 3,792,450	22%	\$	3,041,460	18%		
31 - 60	2,733,677	16		2,591,055	15		
61 - 90	2,320,349	13		1,905,538	11		
91 - 120	1,319,413	8		1,624,546	9		
121 - 150	831,860	5		1,222,770	7		
151 - 180	762,294	4		1,161,985	7		
181 - 270	1,400,699	8		2,953,466	17		
271 - 360	1,340,090	8		1,365,585	8		
361 - 999	2,682,598	16		1,458,408	8		
	17,183,430	100%		17,324,813	100%		
Unapplied periodic interim payments	42,874		=	276,687			
Allowance for doubtful accounts	3,207,185			2,432,000			
Allowance for charity care	3,080,000			3,438,000			
Allowance for contractual and							
other adjustments	 966,195			700,623			
	\$ 9,887,176		\$	10,477,503			
Medicare	\$ 674,922	7%	\$	558,886	5%		
PCHS	825,316	8		669,481	6		
Disability	1,799,041	18		1,824,609	17		
Medicaid	868,070	9		1,475,294	14		
Private pay	2,837,651	29		1,512,973	15		
Title XIX pending	967,829	10		2,062,972	20		
Other	1,914,347	19		2,373,288	23		
Total	\$ 9,887,176	100%	\$	10,477,503	100%		

Inventories June 30, 2004 and 2003

	2004	2003
General stores Pharmacy	\$ 180,644 203,445	\$ 177,910 217,715
	\$ 384,089	\$ 395,625

Broadlawns Medical Center

Changes in Capital Assets and Accumulated Depreciation and Amortization
Year Ended June 30, 2004

	Capital Assets											
						Transfers						
		June 30,				and		June 30,				
		2003		Additions		Disposals		2004				
Medical Center:												
Land	\$	38,210	\$	-	\$	-	\$	38,210				
Land improvements		3,513,049		-		-		3,513,049				
Buildings		11,090,925		-		-		11,090,925				
Building equipment		12,526,951		42,786		246,250		12,815,987				
Fixed equipment		456,930		549		(1,620)		455,859				
Major movable equipment		13,450,745		385,968		169,266		14,005,979				
Equipment under capital lease		1,064,414		227,532		(225,664)		1,066,282				
Construction in progress		568,008		1,250,822		(1,542,778)		276,052				
		42,709,232		1,907,657		(1,354,546)		43,262,343				
Mental health facility under capital lease:												
Land		20,066		_		-		20,066				
Land improvements		271,476		_		-		271,476				
Buildings		6,960,101		_		-		6,960,101				
Building equipment		5,395,340		-		1,073,702		6,469,042				
Major movable equipment		987,145		-		-		987,145				
		13,634,128		-		1,073,702		14,707,830				
Total Medical Center		56,343,360		1,907,657		(280,844)		57,970,173				
Residential facilities:												
Building equipment		18,181		_		-		18,181				
Major moveable equipment		48,355		_		-		48,355				
Equipment under capital lease		54,559		_		-		54,559				
Total residential facilities		121,095		-		-		121,095				
Positive Alternative to Hospitalization (PA	λTH)·											
Building equipment	,.	935		_		-		935				
Vans		58,415		137,628		_		196,043				
Major moveable equipment		107,350		13,426		-		120,776				
Total PATH		166,700		151,054		_		317,754				
	\$	56,631,155	\$	2,058,711	\$	(280,844)	\$	58,409,022				

Accumulated	Depreciation	and Amortization
Accumulated	Debleciation	and Amortization

	June 30,		Current			June 30,
	2003		Provision		Deductions	2004
\$		\$		\$	- \$	<u> </u>
Ψ	1,336,388	Ψ	160,382	Ψ	- ψ	1,496,770
	7,030,474		318,303		-	7,348,777
	7,030,474		605,748		-	7,752,827
	398,613		8,625		(1,620)	405,618
	8,878,240		1,296,791		(52,455)	10,122,576
	980,958		41,505		(199,064)	823,399
	900,930		41,505		(199,004)	023,399
	25,771,752		2,431,354		(253,139)	27,949,967
			_,,		(===,:==)	
	-		-		-	-
	265,211		964		-	266,175
	3,259,163		175,375		-	3,434,538
	4,138,503		173,515		-	4,312,018
	987,145		-		-	987,145
	8,650,022		349,854		-	8,999,876
	34,421,774		2,781,208		(253,139)	36,949,843
	16,663		261		-	16,924
	40,529		5,108		-	45,637
	48,328		6,230		-	54,558
	105,520		11,599		-	117,119
	-		187		-	187
	11,020		22,118		-	33,138
	22,809		14,753		<u>-</u>	37,562
	33,829		37,058		-	70,887
\$	34,561,123	\$	2,829,865	\$	(253,139) \$	37,137,849

Broadlawns Medical Center

Changes in Capital Assets and Accumulated Depreciation and Amortization
Year Ended June 30, 2003

				Capita	al Ass	ets		
				·		Transfers		
		June 30,				and		June 30,
		2002		Additions		Disposals		2003
Medical Center:								
Land	\$	38,210	\$	-	\$	-	\$	38,210
Land improvements		3,515,495		-		2,446		3,513,049
Buildings		11,104,092		-		13,167		11,090,925
Building equipment		11,944,728		13,678		(568,545)		12,526,951
Fixed equipment		504,400		1,094		48,564		456,930
Major movable equipment		13,254,551		1,010,921		814,727		13,450,745
Equipment under capital lease		1,108,727		-		44,313		1,064,414
Construction in progress		580,162		792,019		804,173		568,008
		42,050,365		1,817,712		1,158,845		42,709,232
Mental health facility under capital lease:								
Land		20,066		-		-		20,066
Land improvements		271,476		-		-		271,476
Buildings		6,960,101		-		-		6,960,101
Building equipment		5,395,340		-		-		5,395,340
Major movable equipment		987,145		-		-		987,145
, , , , , , , , , , , , , , , , , , , ,		13,634,128		-		-		13,634,128
Total Medical Center		55,684,493		1,817,712		1,158,845		56,343,360
Residential facilities:								
Building equipment		18,181		-		-		18,181
Major moveable equipment		48,355		-		-		48,355
Equipment under capital lease		54,559		-		-		54,559
Total residential facilities		121,095		-		-		121,095
Positive Alternative to Hospitalization (PA	TH)·							
Building equipment	1111).	935		_		_		935
Vans		8,895		49,520		_		58,415
Major moveable equipment		87,673		19,677		<u>-</u>		107,350
Total PATH		97,503		69,197				166,700
	\$	55,903,091	\$	1,886,909	\$	1,158,845	\$	56,631,155
	Ψ	00,000,001	Ψ	1,000,000	Ψ	1,100,040	Ψ	00,001,100

Accumulated Depreciation and Amortization

June 30,	Current	 Tanu Amortization		June 30,
2002	Provision	Deductions		2003
\$ -	\$ -	\$ -	\$	-
1,169,442	168,414	(1,468)		1,336,388
6,670,854	369,533	(9,913)		7,030,474
6,570,462	579,242	(2,625)		7,147,079
433,370	10,550	(45,307)		398,613
8,552,497	1,261,136	(935,393)		8,878,240
895,568	129,703	(44,313)		980,958
-	-	-		-
24,292,193	2,518,578	1,039,019		25,771,752
-	-	-		-
264,247	964	-		265,211
3,083,787	175,376	-		3,259,163
3,998,318	140,185	-		4,138,503
987,145	-	-		987,145
8,333,497	316,525	-		8,650,022
32,625,690	2,835,103	1,039,019		34,421,774
16,405	258	-		16,663
35,404	5,125	-		40,529
41,071	7,257	-		48,328
92,880	12,640	-		105,520
-	-	-		-
8,055	2,965	-		11,020
13,063	9,746	-		22,809
21,118	12,711	-		33,829
\$ 32,739,688	\$ 2,860,454	\$ 1,039,019	\$	34,561,123

Patient Service Revenue Years Ended June 30, 2004 and 2003

				2004	
	-	Totals		Inpatients	Outpatients
Daily patient services:					
Medical, surgical, and pediatric	\$	6,709,831	\$	6,295,862	\$ 413,969
Mental health		5,246,364		5,092,982	153,382
Intensive care		2,227,797		2,227,797	-
Family birthing center		1,797,556		1,756,363	41,193
Residential facilities		1,019,691		1,019,691	-
		17,001,239		16,392,695	608,544
Other nursing services:					
Operating rooms		6,522,319		2,050,341	4,471,978
Medical and surgical supplies		1,065,930		654,778	411,152
Ambulatory care services:					
Specialty Clinic		3,238,344		770,982	2,467,362
Emergency		8,475,639		1,896,188	6,579,451
Family health center		1,659,820		13,335	1,646,485
Primary care		148		62	86
Doctors Health Clinic		830,982		1,971	829,011
Walk-in Clinic		1,631,484		4,246	1,627,238
Dental clinics		1,034,973		5,608	1,029,365
Primary care, dental		· · ·		-	-
Chemical dependency		487,301		108,546	378,755
Family Planning		293,818		(237)	294,055
Mental health		7,964,575		2,184,531	5,780,044
PATH		1,102,873		-	1,102,873
		34,308,206		7,690,351	26,617,855
Other professional services:					
Laboratory		8,305,152		3,426,875	4,878,277
Pharmacy		9,286,419		2,226,464	7,059,955
Radiology		8,310,259		1,744,000	6,566,259
Anesthesiology		2,708,144		1,172,868	1,535,276
Respiratory therapy		2,562,437		2,217,407	345,030
Diagnostic services		823,457		223,258	600,199
Physical therapy		780,293		65,977	714,316
Speech and hearing therapy		254,453		22,057	232,396
,		33,030,614		11,098,906	21,931,708
Gross charges at established rates		84,340,059	\$	35,181,952	\$ 49,158,107
Charity care charges forgone, based on established rates		27,285,255			
Total gross patient service revenue		57,054,804			
Provisions for contractual and other adjustments		14,021,784			
Provisions for bad debts		12,115,011	_		
Total net patient services revenue	\$	30,918,009	_		

Totals	Inpatients	Outpatients
\$ 6,054,408	\$ 5,845,423	\$ 208,985
4,391,764	4,298,592	93,172
2,540,786	2,540,786	-
2,480,041	2,433,636	46,405
869,606	869,606	-
16,336,605	15,988,043	348,562
5,539,001	2,162,161	3,376,840
637,827	377,086	260,741
2,453,651	108,444	2,345,207
7,486,386	2,000,000	5,486,386
1,464,488	14,857	1,449,631
580,909	10,588	570,321
541,357	820	540,537
1,099,015	2,491	1,096,524
712,742	3,661	709,081
54,394	419	53,975
584,091	132,456	451,635
243,210	-	243,210
6,567,074	1,862,039	4,705,035
1,033,562	-	1,033,562
28,997,707	6,675,022	22,322,685
8,323,127	3,763,544	4,559,583
7,675,666	2,399,115	5,276,551
8,133,782	1,884,711	6,249,071
2,349,097	1,248,562	1,100,535
2,545,843	2,263,659	282,184
778,292	246,759	531,533
753,352	67,846	685,506
307,443	15,652	291,791
30,866,602	11,889,848	18,976,754
76,200,914	\$ 34,552,913	\$ 41,648,001
25,196,794		
51,004,120		
10,548,305		
11,076,622	_	
\$ 29,379,193	_	

Provisions for Contractual and Other Adjustments Years Ended June 30, 2004 and 2003

	2004			2003
Employee discounts	\$	104,630	\$	145,030
Contractual adjustments under third-party				
reimbursement programs:				
Medicare		1,131,287		662,090
Medicaid		5,700,813		3,912,149
Magellan		2,020,441		1,626,745
Heritage		241,676		672,552
Wellmark		444,745		401,083
PCHS		1,065,655		811,238
United Healthcare		436,051		271,127
Other		2,876,486		2,046,291
	\$	14,021,784	\$	10,548,305

Other Operating Revenue Years Ended June 30, 2004 and 2003

	2004	2003
Grants:		
Broadlawns Medical Center:		
Family Planning, Iowa State Department of Public Health	\$ 65,014 \$	79,084
Women, Infants, and Children Program, State of Iowa	1,023,295	926,049
WIC Breast Pump Program	24,409	-
Bioterrorism grant	14,726	-
Homeless mental health grant	126,422	-
Farmers Market Nutrition Program, State of Iowa (IDALS)	5,649	6,094
Homeless Psych (PATH), PCHS	5,577	102,938
Homeless Psych ESG, City of Des Moines	1,797	3,341
Pharmacy CAP grant, Mercy Foundation	68,614	23,724
Healthy Start	-	24,750
Merit/Magellan, Iowa Plan, Iowa State Department of Public Health	211,485	226,600
Magellan, Meth Funds (Iowa Plan)	21,693	21,693
FEMA Emergency Food & Shelter, United Way	-	2,467
Primary Health Care:		
Pregnant Women Project, State of Iowa	-	18,750
O/P EIS with Respect to HIV Disease	-	113,569
Community Health Center	-	157,908
HUD/SHP Enhancement Project	-	54,135
HUD/SHP Homeless Helpline	-	8,679
14 Project, Immunizations	-	2,925
Total grants	1,568,681	1,772,706
Contracts:		
Polk County Health Services:		
Day Treatment	_	40,000
Y Shelter, Community Counselors	189,212	380,867
Community Access Program, Case Management	545,230	675,706
PCHS	257,625	254,068
Other:	201,020	201,000
HOPES/Healthy Families, State of Iowa	_	11,177
Family Planning Iowa Empowerment, ISDPH	16,000	16,000
Medical and Dental Education, University of Iowa	315,070	323,655
Focus Summer Program, Polk County Community Betterment	3,000	7,000
Health Polk 2010, Polk Co. Health Department	-	4,800
Chemical Dependency Programs, Iowa Department of Correctional Services, OWI	_	63,370
Total contracts	 1,326,137	1,776,643
	 1,020,107	1,770,010
Other:	00.000	400.000
Family Practice Program, Iowa Methodist Medical Center	93,600	100,986
Contribution of medical supplies	761,731	689,059
Cafeteria	599,741	707,346
Refunds and rebates	112,212	66,827
Sales and supplies, services, and salvage	456,225	470,892
Purchase discounts	72,227	48,948
Consulting, behavioral health	47,390	77,156
Des Moines Consortium contribution	60,000	60,000
Miscellaneous	 4,059	8,890
Total other	 2,207,185	2,230,104
Total other operating revenue	\$ 5,102,003 \$	5,779,453

Certain Operating Expenses Information Years Ended June 30, 2004 and 2003

	2004						
			F	Physician Fees			
		Salaries		and Outside		Supplies	
		and Wages		Services		and Other	Total
Nursing and medical services:							
Nursing administration and education	\$	645,234	\$	-	\$	200,352	\$ 845,586
Medical, surgical, and pediatric		1,917,226		56,679		316,962	2,290,867
Mental health administration		430,266		-		264	430,530
Mental health		1,693,076		-		15,952	1,709,028
Intensive care		686,516		-		208,012	894,528
Family birthing center		810,333		6,600		63,845	880,778
Operating rooms		935,285		878		265,554	1,201,717
Central services		238,282		-		556,641	794,923
Specialty clinics		1,128,730		287,038		499,948	1,915,716
Emergency services		3,469,152		875		263,843	3,733,870
Family health center		453,420		-		114,597	568,017
Primary care		-		-		-	-
Doctors Health Clinic		886,117		12,399		24,902	923,418
Walk-in Clinic		653,509		-		25,806	679,315
Homeless outreach		-		-		-	-
Dental clinic		441,372		19,054		85,379	545,805
Primary care, dental		-		-		-	-
Chemical dependency		218,933		-		115,624	334,557
Mental health, clinical services		3,416,799		70,318		203,211	3,690,328
Residential facilities		102,194		-		10,132	112,326
PATH		-		-		328,368	328,368
Total nursing and medical							
services	\$	18,126,444	\$	453,841	\$	3,299,392	\$ 21,879,677

	F	Physician Fees	JU3		
Salaries					
and Wages		and Outside Services		Supplies and Other	Total
\$ 629,247	\$	-	\$	179,648	\$ 808,895
1,896,183		169,120		336,808	2,402,111
414,294		-		2,798	417,092
1,576,522		-		20,237	1,596,759
677,204		-		196,788	873,992
784,059		19,150		78,589	881,798
845,417		125,660		232,649	1,203,726
233,296		-		464,351	697,647
1,223,716		309,647		553,854	2,087,217
2,902,992		158,478		242,417	3,303,887
413,220		-		159,644	572,864
338,824		15,523		15,085	369,432
701,718		17,408		17,132	736,258
563,988		4,685		25,042	593,715
64		-		-	64
264,450		3,863		60,679	328,992
34,986		-		8,822	43,808
323,226		-		122,268	445,494
3,173,601		91,190		181,893	3,446,684
104,474		-		8,777	113,251
-		-		274,074	274,074
\$ 17,101,481	\$	914,724	\$	3,181,555	\$ 21,197,760

(Continued)

Certain Operating Expenses Information Years Ended June 30, 2004 and 2003

	2004							
				Physician Fees				
		Salaries		and Outside		Supplies		
		and Wages		Services		and Other		Total
Other professional services:								
Laboratory	\$	1,034,165	\$	172,874	\$	1,094,432	\$	2,301,471
Pharmacy		1,231,669		-		6,140,535		7,372,204
Radiology		699,396		779,394		838,419		2,317,209
Anesthesiology		329,525		255,547		61,036		646,108
Respiratory therapy		372,083		9,075		89,747		470,905
Diagnostic services		143,752		42,795		18,439		204,986
Physical therapy		201,947		-		9,480		211,427
Medical information management		1,162,170		-		130,418		1,292,588
Social services		183,590		-		11,043		194,633
Registration		1,225,875		-		338,266		1,564,141
Women, Infants, and Children Program		564,749		-		147,013		711,762
Special services		-		-		940		940
Medical education		1,770,787		1,626,573		437,974		3,835,334
Library		54,043		-		59,379		113,422
Medical services		1,004,657		39,349		206,332		1,250,338
Family planning		92,629		-		13,410		106,039
Managed care		152,119		-		2,081		154,200
Bureau of Refugee Services		118,763		-		12,423		131,186
Speech and hearing		3,206		-		81,813		85,019
Residential facilities		451,509		-		57,088		508,597
PATH		441,206		-		-		441,206
Total other professional		•						
services		11,237,840		2,925,607		9,750,268		23,913,715
General services:								
Dietary		-		-		1,704,704		1,704,704
Facility management		189,065		-		32,860		221,925
Plant operations		869,894		-		2,072,151		2,942,045
Environmental services		888,749		-		466,142		1,354,891
Laundry and linen		57,684		-		176		57,860
Risk management		223,367		-		24,030		247,397
Security		312,134		-		11,456		323,590
Residential facilities		-		-		49,299		49,299
PATH		-		-		9,716		9,716
Total general services	\$	2,540,893	\$	-	\$	4,370,534	\$	6,911,427

			003					
		Physician Fees						
Salaries		and Outside		Supplies				
and Wages		Services		and Other		Total		
\$ 1,002,873	\$	170,235	\$	1,154,863	\$	2,327,971		
1,214,294		-		5,078,095		6,292,389		
618,360		556,050		874,288		2,048,698		
329,816		290,732		61,654		682,202		
427,510		9,075		84,432		521,017		
122,386		45,575		12,740		180,701		
211,627		-		14,053		225,680		
1,103,930		-		151,356		1,255,286		
180,180		-		9,048		189,228		
1,278,053		-		347,163		1,625,216		
576,241		-		105,159		681,400		
-		-		189		189		
1,900,568						3,673,088		
51,195						103,330		
693,472		35,089		223,195		951,756		
91,305		-		- 16,				107,970
299,071		- 1,541				300,612		
118,557		-		8,384		126,941		
3,029						100,297		
449,325		- 47,839				497,164		
380,468		-		-		380,468		
11,052,260		2,530,260		8,689,083		22,271,603		
				4 070 074				
-		-		1,876,871		1,876,871		
179,747		-		67,803		247,550		
938,651		-		1,454,838		2,393,489		
934,012		-		231,196		1,165,208		
	56,077 - 198,988					255,065		
201,665		- 32,790				234,455		
299,742		- 12,995				312,737		
-		-		53,854		53,854		
-		-		12,299		12,299		
\$ 2,609,894	\$	-	\$	3,941,634	\$	6,551,528		

(Continued)

Certain Operating Expenses Information Years Ended June 30, 2004 and 2003

	2004							
	Physician Fees							
		Salaries		and Outside		Supplies		
		and Wages		Services		and Other		Total
Fiscal and administrative services and								
unassigned expenses:								
Fiscal and administrative services:								
Administration	\$	377,093	\$	-	\$	461,355	\$	838,448
Nonpatient bad debt		-		-		322,560		322,560
Accounting		626,630		-		119,954		746,584
Payroll		81,143		-		3,083		84,226
Information services		564,185		-		1,512,597		2,076,782
Patient accounting		790,661		-		718,427		1,509,088
Patient advocate		102,944		-		3,128		106,072
Telecommunication		151,951		-		195,865		347,816
Planning		319,805		-		128,025		447,830
Organizational effectiveness		9,196		-		· <u>-</u>		9,196
Print shop		32,695		-		238,193		270,888
Purchasing, receiving, and stores		169,407		-		43,824		213,231
Human resources		268,409		-		169,049		437,458
Occupational health		110,241		-		53,309		163,550
Residential facilities		88,552		-		40,292		128,844
PATH		78,498		-		60,926		139,424
Total fiscal and administrative		-,				,		
services		3,771,410		-		4,070,587		7,841,997
Unassigned expenses:								
Employee benefits:								
Iowa Public Employees								
Retirement System (IPERS)		-		-		1,858,052		1,858,052
FICA		-		-		2,388,132		2,388,132
Health insurance		-		-		1,894,460		1,894,460
Life insurance		-		-		280,452		280,452
Unemployment compensation		-		-		102,164		102,164
Workers' compensation		-		-		249,771		249,771
Other benefits		-		-		55,710		55,710
Insurance		-		-		2,413,115		2,413,115
Medical Center dues		-		-		167,339		167,339
Consulting fees		-		-		156,130		156,130
Total unassigned expenses				-		9,565,325		9,565,325
Depreciation and amortization	\$	_	\$	-	\$	2,841,001	\$	2,841,001

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			003						
	Ph	ysician Fees							
Salaries	a	and Outside		Supplies					
and Wages		Services		and Other		Total			
\$ 439,465	\$	-	\$	578,845	\$	1,018,310			
-		-		299,731		299,731			
620,183		-		139,522		759,705			
98,999		-		3,667		102,666			
567,772		-		1,545,940		2,113,712			
934,484		-		619,271		1,553,755			
102,304		-		3,079		105,383			
173,101		-		176,601		349,702			
278,332		-		134,287		412,619			
228,429		-		4,613		233,042			
32,667		-		159,908		192,575			
167,817		-		28,703		196,520			
372,860		-		173,316		546,176			
126,100		-		41,143		167,243			
79,453		-		46,614		126,067			
75,942		-		61,894		137,836			
4,297,908		-		4,017,134		8,315,042			
_		_		1,831,880		1,831,880			
_		_		2,360,320		2,360,320			
_		_		4,422,955		4,422,955			
_		_		181,031		181,031			
-		_		77,714		77,714			
_		-		897,437		897,437			
_		-		15,377		15,377			
_		<u>-</u>		1,651,328		1,651,328			
-		_		119,034		119,034			
_		<u>-</u>		328,465		328,465			
 				11,885,541		11,885,541			
				11,000,041		11,000,041			
\$ -	\$	-	\$	2,898,182	\$	2,898,182			
	-			/0	· ·	` '			

(Continued)

Certain Operating Expenses Information Years Ended June 30, 2004 and 2003

Residential facilities: Employee benefits: IPERS \$ - \$ - \$ 36,599 \$ FICA - 46,661 Health and life insurance - 87,940 Insurance - 27,879 Depreciation and amortization Rent of building and equipment - 10,167 Total residential facilities Salaries and Outside Supplies and Other Sand Other Supplies and Other Supplies and Other Supplies and Other Supplies and Other	Total 36,599 46,661
Residential facilities: Services and Other Employee benefits: \$ - \$	36,599 46,661
Residential facilities: Employee benefits: IPERS \$ - \$ - \$ 36,599 \$ FICA 46,661 Health and life insurance 87,940 Insurance 27,879 Depreciation and amortization 11,598 Rent of building and equipment 10,167	36,599 46,661
Employee benefits: IPERS \$ - \$ 36,599 \$ FICA - - 46,661 Health and life insurance - - 87,940 Insurance - - 27,879 Depreciation and amortization - - 11,598 Rent of building and equipment - - 10,167	46,661
IPERS \$ - \$ 36,599 \$ FICA - - 46,661 Health and life insurance - - 87,940 Insurance - - 27,879 Depreciation and amortization - - 11,598 Rent of building and equipment - - 10,167	46,661
FICA - - 46,661 Health and life insurance - - 87,940 Insurance - - 27,879 Depreciation and amortization - - 11,598 Rent of building and equipment - - 10,167	46,661
Health and life insurance - - 87,940 Insurance - - 27,879 Depreciation and amortization - - 11,598 Rent of building and equipment - - 10,167	•
Insurance - - 27,879 Depreciation and amortization - - 11,598 Rent of building and equipment - - 10,167	07.040
Depreciation and amortization 11,598 Rent of building and equipment 10,167	87,940
Rent of building and equipment 10,167	27,879
	11,598
Total residential facilities 220 844	10,167
	220,844
PATH:	
Employee benefits:	
IPERS - 26,884	26,884
FICA - 37,461	37,461
Health and life insurance - 46,042	46,042
Insurance 24,926	24,926
Depreciation and amortization 37,058	37,058
Rent of building and equipment - 51,619	51,619
Total PATH 223,990	223,990
Less intercompany transactions 18,877	18,877
205,113	205,113
Total fiscal and	
administrative services	
and unassigned expenses 3,771,410 - 16,902,870	
Total operating expenses \$ 35,676,587 \$ 3,379,448 \$ 34,323,064 \$	20,674,280

		2003					
	Physician Fees						
Salaries	and Outside		Supplies	Supplies			
and Wages	Services		and Other	Total			
\$ -	\$ -	\$	34,634	\$	34,634		
-	-		46,013		46,013		
-	-		95,835		95,835		
-	-		11,679		11,679		
-	-		12,643		12,643		
-	-		9,254		9,254		
-	-		210,058		210,058		
-	-		27,205		27,205		
-	-		35,121		35,121		
-	-		47,297		47,297		
-	-		7,198		7,198		
-	-		12,711		12,711		
-	-		39,101		39,101		
-	-		168,633		168,633		
-	-		-		-		
	-		168,633		168,633		
4,297,908	-		19,179,548		23,477,456		
\$ 35,061,543	\$ 3,444,984	\$	34,991,820	\$	73,498,347		

Statements of Revenue, Expenses, and Changes in Net Assets, by Function Year Ended June 30, 2004

				Positive			
			A	Alternatives to			Total
	Medical	Residential	H	Hospitalization			Medical
	Center	Facilities		(PATH)	Eliminations		Center
Operating revenue:							
Net patient service revenue	\$ 28,795,445	\$ 1,019,691	\$	1,102,873	\$ -		\$ 30,918,009
Contracts	1,326,137	-		-	-		1,326,137
Operating grants	1,568,681	-		-	-		1,568,681
Other	2,226,062	-		-	18,877	(1)	2,207,185
Total operating revenue	 33,916,325	1,019,691		1,102,873	18,877		36,020,012
Operating expenses:							
Nursing and medical services	21,438,983	112,326		328,368	-		21,879,677
Other professional service	22,963,912	508,597		441,206	-		23,913,715
General service	6,852,412	49,299		9,716	-		6,911,427
Fiscal and administrative service and							
unassigned expenses	17,139,054	338,090		326,356	18,877	(1)	17,784,623
Depreciation and amortization	2,841,001	11,598		37,058	-	. ,	2,889,657
Total operating expenses	71,235,362	1,019,910		1,142,704	18,877		73,379,099
Operating (loss)	(37,319,037)	(219)		(39,831)	-		(37,359,087)
Nonoperating revenue (expense):							
Property taxes	39,318,842	-		-	_		39,318,842
State appropriations	312,000						312,000
Noncapital grants and contributions	8,995	-		25	_		9,020
Investment earnings	79,260	219		895	13,787	(1)	66,587
Interest expense	(577,304)	-		-	(13,787		(563,517)
Capital grants and contributions	99,997	-		-	-	,	99,997
Other, net	36,474	5,523		-	-		41,997
Total nonoperating revenue	 <u> </u>						
(expense), net	 39,278,264	5,742		920	-		39,284,926
Increase (decrease) in net assets	1,959,227	5,523		(38,911)	-		1,925,839
Net assets:							
Beginning	 22,052,040	118,505		403,528	-		22,574,073
Ending	\$ 24,011,267	\$ 124,028	\$	364,617	\$ -		\$ 24,499,912

⁽¹⁾ To eliminate intercompany transactions.

Broadlawns Medical Center

Statements of Revenue, Expenses, and Changes in Net Assets, by Function Year Ended June 30, 2003

						Positive					
						Alternatives to					Total
		Medical		Residential	Н	lospitalization	_				Medical
On earthing a review of		Center		Facilities		(PATH)	E	liminations			Center
Operating revenue:	Φ.	07 470 005	•	000 000	Φ.	4 000 500	Φ.			Φ	00 070 400
Net patient service revenue	\$	27,476,025	\$	869,606	\$	1,033,562	\$	-		\$	29,379,193
Contracts		1,776,643		-		-		-			1,776,643
Operating grants		1,772,706		-		-		-	(4)		1,772,706
Other		2,248,981		-				18,877	(1)		2,230,104
Total operating revenue	-	33,274,355		869,606		1,033,562		18,877			35,158,646
Operating expenses:											
Nursing and medical services		20,810,435		113,251		274,074		-			21,197,760
Other professional service		21,393,973		497,162		380,468		-			22,271,603
General service		6,485,375		53,854		12,299		-			6,551,528
Fiscal and administrative service and											
unassigned expenses		19,936,682		335,161		300,954		18,877	(1)		20,553,920
Depreciation and amortization		2,898,182		12,643		12,711		-			2,923,536
Total operating expenses		71,524,647		1,012,071		980,506		18,877			73,498,347
Operating income (loss)		(38,250,292)		(142,465)		53,056		-			(38,339,701)
Nonoperating revenue (expense):											
Property taxes		36,544,212		-		-		-			36,544,212
State appropriations		312,198		-		-		-			312,198
Noncapital grants and contributions		21,774		_		-		-			21,774
Investment earnings		171,400		1,112		6,569		4,121	(1)		174,960
Interest expense		(635,819)		(93)		-		(4,121)	(1)		(631,791)
Capital grants and contributions		42,746		-		-		-			42,746
Other, net		(38,919)		_		-		-			(38,919)
Total nonoperating revenue		· · · · · · · · · · · · · · · · · · ·									· · · · · · · · · · · · · · · · · · ·
(expense), net		36,417,592		1,019		6,569		-			36,425,180
Increase (decrease) in net assets		(1,832,700)		(141,446)		59,625		-			(1,914,521)
Net assets:											
Beginning		23,884,740		259,951		343,903		-			24,488,594
Ending	\$	22,052,040	\$	118,505	\$	403,528	\$	-		\$	22,574,073

⁽¹⁾ To eliminate intercompany transactions.

Patient and Medical Center Statistical Data - Unaudited Years Ended June 30, 2004 and 2003 (Unaudited)

	2004	2003
Patient days:		
Medical, surgical, and pediatric	7,951	8,861
Obstetrics	711	819
Intensive care unit	1,120	1,311
Mental health	7,647	6,865
Nursery	670	737
Total patient days	18,099	18,593
Admissions	4,546	5,064
Discharges	4,517	5,067
Average length of stay (days):		
Acute	3.2	3.1
Mental health	6.0	5.2
Outpatient visits:		
Emergency room and urgent care room	27,724	27,459
Primary care	· •	8,525
Walk-in Clinic	24,816	17,794
Doctors Health Clinic	10,323	7,222
Outpatient Clinic	23,010	22,186
OB Clinic	3,982	3,589
Family health center	17,384	19,305
Mental health	41,119	36,597
Dental clinics	8,576	7,551
Family Planning	2,792	2,941
Homeless outreach	3,257	3,170
Chemical dependency	3,891	4,701
	166,874	161,040

Organization Data Year Ended June 30, 2004

	Expiration of Term
Board of Trustees:	
Mr. Paul Gillispie, Chair	December 31, 2008
Mr. Dave Harkness, Vice Chair	December 31, 2006
Ms. Mary Fuller, Secretary	December 31, 2006
Mr. Frank Harrison, Treasurer	December 31, 2004
Members:	
Ms. Deb Theisen-Chenchar	December 31, 2004
Ms. Cindy Gray	December 31, 2008
Ms. Janet Metcalf	December 31, 2004

Chief Executive Officer, Ms. Susan Hunsaker

Chief Financial Officer, Mr. Gary G. Uhl

Self-Insured Retention Funds Year Ended June 30, 2004

	,	Amount Funded from BMC	Claims Paid	
Malpractice Fund:				
Wells Fargo Bank, IA, beginning balance				
July 31, 2003	\$	- (-
August 31, 2003		-	4,3	378
September 30, 2003		-		-
October 31, 2003		-		-
November 30, 2003		92,338	7,5	500
December 31, 2003		-		-
January 31, 2004		-		-
February 29, 2004		-	1,0	006
March 31, 2004		-		-
April 30, 2004		-	0.0	-
May 31, 2004		-	6,2	216
June 30, 2004			10.4	-
Malpractice Fund:	\$	92,338	5 19,1	100
The St. Paul, beginning balance July 31, 2003	\$	- 9	•	
August 31, 2003	Φ	- 1)	-
September 30, 2003		-	171,8	- 001
October 31, 2003		_	17 1,0	JO 1
November 30, 2003		_		-
December 31, 2003		_		_
January 31, 2004		_		_
February 29, 2004		_		_
March 31, 2004		_		_
April 30, 2004		_		_
May 31, 2004		_		_
June 30, 2004		_		_
04.10 00, 200 1	\$	- (3 171,8	881
Malpractice Fund:		,		
LOC Wells Fargo Bank, NA, beginning balance				
June 30, 2004	\$	- 9	5	-
lexible Benefits:				
Wells Fargo Bank, IA, beginning balance				
July 31, 2003	\$	(2,063)	5	-
August 31, 2003 through June 30, 2004		- (0.000)		-
	\$	(2,063)	<u> </u>	-
Vorkers' Compensation Fund:				
Wells Fargo Bank, IA, beginning balance	•			
July 31, 2003	\$	- 9		
August 31, 2003		-	13,1	
September 30, 2003		-	13,7	
October 31, 2003		450 500		925
November 30, 2003		152,500	14,5	
December 31, 2003		-	38,8	
January 31, 2004		-	38,4	
February 29, 2004		-	20,4	
March 31, 2004		261		720
April 30, 2004		-		203 849
May 31, 2004 June 30, 2004		- 152,100		182
Julio 30, 2004	\$	304,861		
	<u> </u>	JU4,001 3) ZUI,Z	<u> </u>

	Administrative		Interest		Realized Gain (Loss)				Fund
	Fees		Income		on Investment		Transfers		Balance
\$	- 2,533	\$	5,968 156	\$	(1,626) (1,256)	\$	<u>-</u>	\$	2,575,930 2,580,272 2,572,261
	-		10,915		(460)		(235,196)		2,347,520
	2,358		4,183 64		(156)		-		2,349,189 2,434,091
	-		11,411		(1,239)		-		2,444,263
	2,446		117		-		-		2,441,934
	- 11,196		166 7,737		3,141 (407)		-		2,444,235 2,440,369
	2,440		4,489		(2,814)		-		2,439,604
	-		107		(508)		-		2,432,987
\$	20,973	\$	9,425 54,738	\$	(11,186) (16,511)	\$	(744,879) (980,075)	\$	1,686,347 1,686,347
Þ	20,913	ψ	34,736	Φ	(10,011)	φ	(960,073)	φ	1,000,347
								\$	29,659
\$	-	\$	-	\$	-	\$	-		29,659
	-		(5)		-		- 235,196		29,659 92,969
	_		(0)		-		-		92,969
	-		-		-		-		92,969
	-		-		-		-		92,969
	-		59		-		-		93,028
	-		- 58		-		-		93,028 93,086
	-		-		-		-		93,086
	-		-		-		-		93,086
\$	-	\$	38 150	\$	-	\$	235,196	\$	93,124 93,124
ψ		Ψ	130	Ψ	<u> </u>	Ψ	233,190	Ψ	33,124
\$	-	\$	<u>-</u>	\$	-	\$	744,879	\$ \$	- 744,879
•		¢.	4	Φ.		Φ		\$	2,062
\$	- -	\$	1 -	\$	-	\$	- -		- -
\$	-	\$	1	\$	-	\$	-	\$	-
								•	540.404
\$	25	\$	255	\$	_	\$	_	\$	548,181 526,277
Ψ	168	Ψ	286	Ψ	_	Ψ	_		513,222
	-		254		-		-		499,723
	121		233		-		-		492,910
	-		237 262		-		-		631,118
	- 144		302		- -		-		592,523 554,183
	-		292		-		-		534,051
	37,827		253		-		-		487,018
	116		248		-		-		481,947
	-		223 231		-		-		473,321 616,470
\$	38,401	\$	3,076	\$		\$	<u> </u>	\$	616,470
_									

Self-Insured Retention Funds (Continued) Year Ended June 30, 2004

		Amount	
		Funded	Claims
0.10		from BMC	Paid
Self Insured Dental Fund: Wells Fargo Bank, IA, beginning balance			
July 31, 2003	\$		\$ 20,701
	Φ	55,629	\$ 20,701 25,313
August 31, 2003		27,181	
September 30, 2003			17,962
October 31, 2003		27,587	23,556
November 30, 2003		27,883	-
December 31, 2003		27,426	60,334
January 31, 2004		383	18,046
February 29, 2004		-	24,544
March 31, 2004		(2,700)	23,925
April 30, 2004		113,102	30,763
May 31, 2004		28,726	24,413
June 30, 2004		28,718	21,621
	\$	333,935	\$ 291,178
Health Insurance Fund:			
Wells Fargo Bank, IA, beginning balance			
July 31, 2003	\$		\$ 2,458
August 31, 2003		432,944	5,108
September 30, 2003		429,034	1,186
October 31, 2003		430,131	1,166
November 30, 2003		428,503	1,041
December 31, 2003		424,630	-
January 31, 2004		312,251	44,933
February 29, 2004		318,571	258,541
March 31, 2004		327,163	462,043
April 30, 2004		328,744	481,326
May 31, 2004		331,722	355,754
June 30, 2004		-	474,500
	\$	4,199,252	\$ 2,088,056
Health Insurance Fund:		.,,	
Fleet National Bank, beginning balance			
July 31, 2003	\$	_	\$ 287,241
August 31, 2003	•	-	268,070
September 30, 2003		-	256,739
October 31, 2003		_	213,885
November 30, 2003		_	172,672
December 31, 2003		_	267,580
January 31, 2004		_	303,976
February 29, 2004		-	73,781
March 31, 2004		-	17,594
April 30, 2004		-	16,332
		-	
May 31, 2004		-	8,511
June 30, 2004	^	-	11,606
	\$	-	\$ 1,897,987

					Realized				
A	dministrative		Interest		Gain (Loss)		Transfora		Fund
	Fees		Income		on Investment		Transfers		Balance
								\$	158,741
\$	1,928	\$	76	\$	_	\$	_	*	136,188
*	2,006	*	81	*	_	Ψ	_		164,579
	2,004		64		_		_		171,858
	1,932		50		-		-		174,007
	-		52		_		_		201,942
	3,825		88		_		_		165,297
	2,192		80		_		_		145,522
	2,105		448		-		-		119,321
	23		34		-		-		92,707
	4,276		22		-		-		170,792
	2,131		21		_		_		172,995
	23		53		-		-		180,122
\$	22,445	\$	1,069	\$	-	\$	-	\$	180,122
	·		·						· · · · · · · · · · · · · · · · · · ·
								\$	2,535,362
\$	47,655	\$	909	\$	-	\$	(146,474)		2,775,243
	46,233		1,260		-		(312,623)		2,845,483
	47,655		1,055		-		(319,623)		2,907,108
	79,419		818		-		(234,023)		3,023,449
	45,782		694		-		(245,611)		3,160,212
	45,632		855		-		(206,879)		3,333,186
	69,235		1,113		-		(246,950)		3,285,432
	86,175		922		-		(191,989)		3,068,220
	40,789		642		-		(15,231)		2,877,962
	40,975		429		-		(23,417)		2,661,417
	41,035		269		-		-		2,596,619
	68,921		920		-		-		2,054,118
\$	659,506	\$	9,886	\$	-	\$	(1,942,820)	\$	2,054,118
									0- 4-0
•		•		•		•	440.474	\$	37,450
\$	-	\$	-	\$	-	\$	146,474		(103,317)
	-		-		-		312,623		(58,764)
	-		-		-		319,623		4,120
	-		-		-		234,023		24,258
	-		-		-		245,611		97,197
	-		-		-		206,879		36,496
	-		-		-		246,950		(20,530)
	-		-		-		191,989		97,678
	-		-		-		15,231		95,315
	-		-		-		23,417		102,400
	-		-		-		-		93,889
_	-	•	-	•	-	Φ.	-	Φ.	82,283
\$	-	\$	-	\$	-	\$	1,942,820	\$	82,283

Schedule of Revenue, Expenses, and Balances - Completed Contracts Year Ended June 30, 2004

	Sup N Pro Wom and #5	Special Supplemental Nutrition Program for Women, Infants, and Children #5883A031 and #5884A031		
Revenue:				
Managed care	\$	-	\$	-
Other state		-		16,000
Other federal		1,053,352		65,014
County government		-		-
Other revenue		-		246
Total revenue		1,053,352		81,260
Expenses:				
Salaries		511,599		92,629
Personnel benefits		176,514		30,404
Travel		74		-
Staff training		2,419		542
Contracted services		-		45
Space costs:				
Cash		68,962		-
In-kind		-		-
Supplies		28,507		15,778
Telephone		686		-
Equipment maintenance and rent		16,933		-
Other expenses		-		-
Total allowable				
expenses		805,694		139,398
Distribution of management and				
general		245,706		36,005
Total expenses		1,051,400		175,403
	\$	1,952	\$	(94,143)

	Magellan MBC Iowa Plan		
	OP Chem		
New IDDII	Dep SVCS DPH Funded		
Non-IDPH PCHS	Clients	Managamant	
	Non-Medicaid	Management and General	Total
 Chem Dep	Non-Medicald	and General	TOTAL
\$ -	\$ 211,485	\$ -	\$ 211,485
-	-	-	16,000
-	21,693	-	1,140,059
257,625	-	-	257,625
 -	-	-	246
257,625	233,178	-	1,625,415
98,251	75,395	92,790	870,664
31,611	24,258	32,908	295,695
307	235	217	833
485	372	338	4,156
-	-	-	45
62,137	47,682	-	178,781
105,978	81,325	-	187,303
1,837	1,409	2,489	50,020
-	-	263	949
-	-	-	16,933
 -	-	364,244	364,244
300,606	230,676	493,249	1,969,623
119,690	91,848	(493,249)	_
420,296	322,524	-	1,969,623
\$ (162,671)	\$ (89,346)	\$ -	\$ (344,208)

Schedule of Expenditures of Federal Awards Year Ended June 30, 2004

	Federal CFDA		I	Program
Program Description	Number	Grant Number	Ex	penditures
U.S. Department of Health and Human Services:				
Passed through PCHS, Projects for Assistance in the				
Transition from Homelessness	93.150	01-444-401-6890-2464-02	\$	126,422
Passed through Iowa Department of Public Health:				
Magellan Behavioral Health, Inc.:				
Iowa Plan for Behavioral Health	93.959			211,485
Non-Medicaid and Meth Funds	93.959			21,693
Passed through Iowa Department of Public Health/				
Division of Family and Community Health, Family	93.217	5883AO31		6,085
Planning	93.217	5884AO31		58,929
·				,
Passed through U.S. Human Resources & Service				
Administration and through Mercy Foundation:	00.000	NO 00040 00		44.700
Bioterrorism Hospital Preparedness	93.003 93.252	MC 00019-02		14,726
Community Access Program, Pharmacy		1G92OA00170-01		23,435
Community Access Program, Pharmacy	93.252	1G92OA00170-02-00		45,179
Total U.S. Department of Health and Human Services				507,954
Tullian Services				307,334
U.S. Department of Agriculture:				
Passed through Iowa Department of Public Health/				
Division of Family and Community Health, Special				
Supplemental Nutrition Program for Women, Infants,	10.557	5883AO31		384,406
and Children	10.557	5884AO31		638,889
Breast Pump Reimbursement	10.557	5883AO31		4,915
Breast Pump Reimbursement	10.557	5884AO31		19,494
Passed through Iowa Department of Agriculture and Land				
Stewardship:	40			
Iowa Farmers Market Nutrition Program	10.572	1191-02-31		2,145
Iowa Farmers Market Nutrition Program	10.572	1191-02-31		3,504
Total U.S. Department of Agriculture				1,053,353
Federal Emergency Management Agency,				
Passed through United Way of America, Emergency				
Food and Shelter	85.523	21-3006-00 016E9		5,577
U.S. Housing and Urban Development,				
Passed through City of Des Moines, Emergency				
Shelter Grant (ESG) Contract Work Program	14.231	03-ES-006		1,797
· ,			\$	1,568,681
				, ,

Note to Schedule of Expenditures of Federal Awards Year Ended June 30, 2004

Note 1. General

The purpose of the schedule of expenditures of federal awards (Schedule) is to present a summary of those activities of Broadlawns Medical Center (Medical Center) for the year ended June 30, 2004, which have been financed by the United States government. For the purposes of the Schedule, federal awards include all federal assistance entered into directly between the Medical Center and the federal government and sub-awards from nonfederal organizations made under federally sponsored agreements. The Schedule does not include payments received under Medicare and Medicaid reimbursement programs. Because the Schedule presents only a selected portion of the activities of the Medical Center, it is not intended to, and does not, present the financial position, revenue and expenses, changes in net assets, and cash flows of the Medical Center.

Deductions or expenditures for direct costs are recognized as incurred using the accrual method of accounting and the cost accounting principles contained in the Office of Management and Budget Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments. Under those cost principles, certain types of expenditures are not allowable or are limited as to reimbursements.

Summary Schedule of Prior Audit Findings Year Ended June 30, 2004

There were no findings reported in the prior year or unresolved findings from prior years.

McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

Board of Trustees Broadlawns Medical Center Des Moines, Iowa

We have audited the basic financial statements of Broadlawns Medical Center as of and for the year ended June 30, 2004, and have issued our report thereon dated September 2, 2004. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Broadlawns Medical Center's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. However, we noted certain matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions. Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of the internal control over financial reporting that, in our judgment, could adversely affect Broadlawns Medical Center's ability to record, process, summarize, and report financial data consistent with the assertions of management in the financial statements. Reportable conditions are described in the accompanying schedule of findings and responses as items 04-II-A, 04-II-B, 04-II-C, and 04-II-D.

A material weakness is a reportable condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements caused by error or fraud in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control that might be reportable conditions and, accordingly, would not necessarily disclose all reportable conditions that are also considered to be material weaknesses. However, we believe none of the reportable conditions described above are material weaknesses. We also noted other matters involving the internal control over financial reporting that we have reported to management of Broadlawns Medical Center in a separate letter, dated September 2, 2004.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Broadlawns Medical Center's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the Finance Committee, management, federal awarding agencies, and pass-through entities, and is not intended to be and should not be used by anyone other than those specified parties.

McGladrey of Pullen, LCP

Davenport, Iowa September 2, 2004

McGladrey & Pullen

Certified Public Accountants

Independent Auditor's Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133

Board of Trustees Broadlawns Medical Center Des Moines, Iowa

Compliance

We have audited the compliance of Broadlawns Medical Center with the types of compliance requirements described in the U. S. Office of Management and Budget (OMB) Circular A-133, Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2004. Broadlawns Medical Center's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of Broadlawns Medical Center's management. Our responsibility is to express an opinion on Broadlawns Medical Center's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; Chapter 11 of the Code of lowa; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Broadlawns Medical Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Broadlawns Medical Center's compliance with those requirements.

In our opinion, Broadlawns Medical Center complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 2004.

Internal Control Over Compliance

The management of Broadlawns Medical Center is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered Broadlawns Medical Center's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

McGladrey & Pullen, LLP is a member firm of RSM International – an affiliation of separate and independent legal entities.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a reportable condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts, and grants caused by error or fraud that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended solely for the information and use of the Finance Committee, management, federal awarding agencies, and pass-through entities and is not intended to be and should not be used by anyone other than those specified parties.

McGladrey of Pullen, LCP

Davenport, Iowa September 2, 2004

Schedule of Findings and Questioned Costs Year Ended June 30, 2004

Summary of Independent Auditor's Results					
Financial Statements					
Type of auditor's report issued: <u>Unqualified</u>					
Internal control over financial reporting:					
Material weakness(es) identified?			Yes	Χ	_ No
 Reportable condition(s) identified that are no considered to be material weaknesses? 	_	Χ	Yes		_ None Reported
 Noncompliance material to financial stateme noted? 	nts -		Yes	Х	_ No
Federal Awards					
Internal control over major programs:					
Material weakness(es) identified?	_		Yes	Х	_ No
 Reportable condition(s) identified that are no considered to be material weaknesses? 	it -		Yes	Х	_None Reported
Type of auditor's report issued on compliance for major	or progra	ms: <u>Uı</u>	nqualified	<u>t</u>	
 Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of Circular A-133? 	d _		Yes	Х	_ No
Identification of major programs:					
CFDA Number Name of Federal Program					
10.557 Special Supplemental Food Programment Children	am for W	omen,	Infants, a	and	
Dollar threshold used to distinguish between type A and type B programs	\$300,	000			
Auditee qualified as low-risk auditee?			Х	Yes	No

Schedule of Findings and Questioned Costs Year Ended June 30, 2004

II. Findings Relating to the Financial Statement Audit as Required to be Reported in Accordance with Generally Accepted Government Auditing Standards

(A) Reportable Conditions in Internal Control

04-II-A

<u>Finding</u>: A good internal control contemplates an adequate segregation of duties so that no one individual handles a transaction from its inception to its completion. The Medical Center has an improper segregation of duties over the payroll cycle.

<u>Condition</u>: The payroll department has the responsibility of updating the payroll master records, recording payroll transactions, and printing the payroll checks.

Effect: Transaction errors could occur and not be detected in a timely manner.

<u>Recommendation</u>: We recommend access to printed checks be removed from the individual responsible for the record keeping function. In addition, an individual independent of the payroll department should review the edit report generated by the system. Alternatively, access to make wages and personnel changes from the payroll department should be removed from the payroll department.

Response and Corrective Action Plan: The Medical Center will reassign duties so that the accounts payable clerks, which do not have access to the payroll system, will print the checks, insert the checks into envelopes, and distribute payroll. Additionally, payroll access to make wage and personnel changes will be removed and the Human Resources Department will be responsible for making the changes in the system.

04-II-B

<u>Finding</u>: A good internal control contemplates an adequate segregation of duties so that no one individual handles a transaction from its inception to its completion. The Medical Center has an improper segregation of duties over the cash disbursement cycle.

<u>Condition</u>: The accounting clerks have the capability of adding new vendors to the system, have access to the blank check stock, have the ability to post invoices for payment and are responsible for check disbursement.

<u>Criteria</u>: Misappropriation of assets could occur and not be detected in a timely manner.

Schedule of Findings and Questioned Costs Year Ended June 30, 2004

<u>Recommendation</u>: We recommend restricting the number of individuals who can enter and alter vendor information. An edit report showing all vendors that have recently been added to the system or changes made to current vendor information should be produced and reviewed by management. An individual independent of the accounts payable process should print and mail the checks with only copies returned to accounts payable for filing purposes.

Response and Corrective Action Plan: The Medical Center will reassign duties so that the Director of Accounting will review all changes to the vendor file. Additionally, the Medical Center will reassign duties so that the Payroll Clerk or the Financial Accountant, which do not have access to the accounts payable system, will print the checks, insert the checks and attachments into envelopes, and mail the checks. Any checks being held for pick up, will be distributed by the Administrative Assistant for Finance.

04-II-C

<u>Finding</u>: A good internal control contemplates an adequate segregation of duties so that no one individual handles a transaction from its inception to its completion. The Medical Center has an improper segregation of duties over the investment cycle.

<u>Condition</u>: The accounting manager has the ability to initiate and approve the purchase or sale of investments and has general ledger access. Currently, there is no supervisory review of the investment statements by an independent individual.

<u>Criteria</u>: Misappropriation of assets could occur and not be detected in a timely manner.

<u>Recommendation</u>: We recommend the chief financial officer review the investment statements and investment reconciliations prepared by staff.

Response and Corrective Action Plan: The Chief Financial Officer will review the investment statements and investment reconciliations prepared by staff.

04-II-D

<u>Finding</u>: A good internal control contemplates an adequate segregation of duties so that no one individual handles a transaction from its inception to its completion. The Broadlawns Medical Center Foundation has an improper segregation of duties over the cash receipt cycle.

<u>Condition</u>: The special project secretary has access to monies received, posts the donation to the Foundation software and the receipts spreadsheet, and generates thank you letters. The receipts spreadsheet is then used to post the receipts to the general ledger but a reconciliation is not completed between the two systems.

Criteria: Misappropriation of assets could occur and not be detected in a timely manner.

Schedule of Findings and Questioned Costs Year Ended June 30, 2004

<u>Recommendation</u>: We recommend this position does not receive the actual monies but instead receives copies to prepare the spreadsheet and enter the information into the software to generate thank you letters. Also, a reconciliation between the Foundation software and general ledger information should be conducted by an independent individual.

Response and Corrective Action Plan: Subsequent to year-end, the special project secretary no longer receives the actual monies to post from. Copies of the receipts are given to post to the Foundation software. Also, a separate individual started preparing the receipt spreadsheet and this person does not have access to the Foundation software.

(B) Compliance Findings

None reported.

III. Findings and Questioned Costs for Federal Awards

(A) Reportable Conditions in Internal Control

None reported.

(B) Compliance Findings

None reported.

IV. Other Findings Related to Required Statutory Reporting

04-IV-A - Official Depositories:

A resolution naming official depositories has been adopted by the Board

Finding: Maximum deposit amounts were not stated in the resolution naming official depositories.

<u>Recommendation</u>: The Board should adopt a resolution with maximum deposit amounts included for each depository.

Response and Corrective Action Plan: The Board will adopt the resolution as required by the Code of lowa.

Conclusion: Corrective action plan accepted.

Schedule of Findings and Questioned Costs Year Ended June 30, 2004

04-IV-B - Certified Budget:

Disbursements during the year ended June 30, 2004 did not exceed the amount budgeted.

04-IV-C - Questionable Expenditures:

No expenditures that may not meet the requirements of public purpose as defined in Attorney General's opinion dated April 25, 1979 were noted.

04-IV-D - Travel Expense:

No expenditures of the Medical Center money for travel expenses of spouses of Medical Center's officials and/or employees were noted.

04-IV-E - Business Transactions:

No business transactions between the Medical Center and Medical Center officials were noted.

04-IV-F - Board Minutes:

No transactions were found that we believe should have been approved in the Board minutes but were not.

04-IV-G - Deposits and Investments:

No instances of noncompliance with the deposit and investment provisions of Chapter 12B and Chapter 12C of the Code of Iowa and the Medical Center's investment policy were noted.

04-IV-H - Publication of Bills Allowed and Salaries:

Chapter 347.13(14) of the Code of lowa states "There shall be published quarterly in each of the official newspapers of the county as selected by the Board of Supervisors pursuant to Section 349.1 the schedule of bills allowed and there shall be published annually in such newspapers the schedule of salaries paid by job classification and category...." The Medical Center published a schedule of bills allowed or a schedule of salaries paid as required by the Code.

Corrective Action Plan Year Ended June 30, 2004

Current			Anticipated Date of	Contact			
Number	Comment	Corrective Action Plan	Completion	Person			
Reportable conditions in internal control:							
04-II-A	The Medical Center does not have adequate segregation of duties needed for an effective system of internal accounting control over the payroll cycle.	See response and corrective action plan at 04-II-A.	June 2005	Gary Uhl			
04-II-B	The Medical Center does not have adequate segregation of duties needed for an effective system of internal accounting control over the cash disbursement cycle.	See response and corrective action plan at 04-II-B.	June 2005	Gary Uhl			
04-II-C	The Medical Center does not have adequate segregation of duties needed for an effective system of internal accounting control over the investment cycle.	See response and corrective action plan at 04-II-C.	June 2005	Gary Uhl			
04-II-D	The Foundation does not have adequate segregation of duties needed for an effective system of internal accounting control over the cash receipt cycle.	See response and corrective action plan at 04-II-D.	July 2004	Mikki Stier			
Other findings related to required statutory reporting:							
04-IV-A	Maximum deposit amounts were not stated in the resolution naming official depositories.	See response and corrective action plan at 04-IV-A.	June 2005	Gary Uhl			